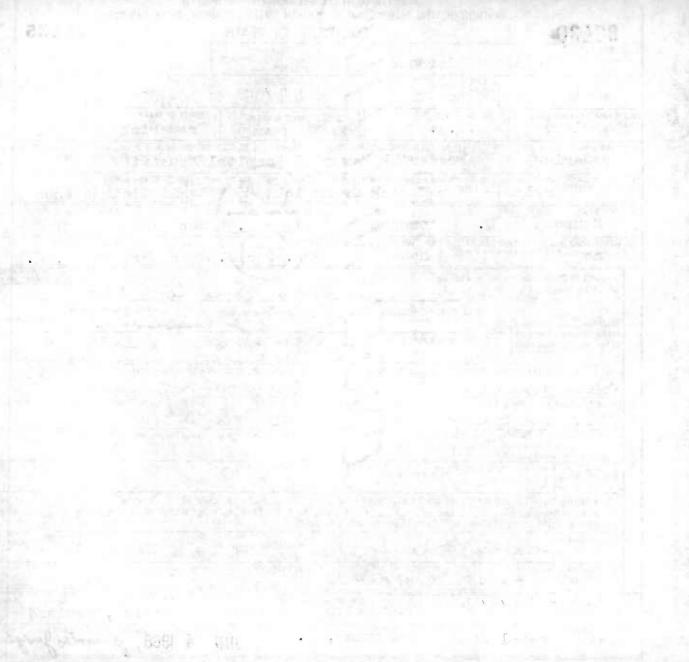
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08435 CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle DECFASED-NAME First Last 2b. HOUR and 2 ours after death Nellie (Type ar print) filled In by the funeral Florence 10 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS. dass birthday) Female White 6/4/85 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countMaryland U.S.A. Frederick WIDOWED-DIVORCED T MODO 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR low requires that the death certificate be executed within Frederick Memorial Hos during most of procking life even in retired.) INDUSTRY give street address > carbon ond completely event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY rederick Brunswick YES Ninth Avenue remove ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Lost Middle Lost Henson Thompson Emma C. Himes please 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or woknown) (If yes give war or dates of service) Mrs. Edna J. Lewis cremation, or removal, none Brunswick, Md. attending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF 15 muss signed by the buriol-tronsit p buriol, crematia Canditions, it any, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been the 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES [NO D O FUNERAL DIRECTOR: After this certificate the hospital or 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day (If either, natify medical exominer) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from _19__C, and that in (my) (aur) apinion death occurred on the dote and haur and from the saw the deceased alive on_ be retoined shauld causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DAJE SIGNET ATTENDING MED. DIRECTOR poge 3 DEGREE PHYS. 22e. ADDRESS PHYSICIAN'S NAME (Type) director, should b 00 23c. NAME OF CEMETERY OF CREMATORY
Park Heights Cemetery 23a. BURIAL CREMATION REMOVAL (Specify) 23d. LOCATION (City or Town) (County) (Stote) Brunswick, Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Brunswick, Md. 2Sa. REC'D BY REGISTRAR _2Sb. Feete Funerak Home VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



OF HEALTH STATE DEPARTMENT DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

084	3 🖢			CERTIFI	CATE OF	DEATH				0.8	430	S
DECEASED-NAME (Type or print)	First		Middle		Last	7.5	2a. DATE C		Day	Year		. HOUR
(, lbc o. b)	GRACE		TRAIL		BABCOC			June	Pay		68 1	lan
3. SEX		4. RACE			S. DATE OF			6. AGE (In y	eors	IF UNDER 1 YEA		ER 24 HRS.
Femal			White		June	12,1890)	77	YRS.	muning on	1,000	
7o. BIRTHPLACE (Stot country)	e or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIEL	NEVER MA	RRIED	9. COUNTY C	F DEATH				
France	10,000	U.	S. A.	WIDOWE	DIV	ORCED 🔲	Fred	lerick				Mo
10. CITY OR TOWN OF		9,747	11. NAME OF HOSPITAL OR I	INSTITUTION (If	not in hospitol	12o. USU/	AL OCCUPATIO	N (Kind of wor	k done	12b. KIND INDUSTRY	OF BUSINE	SS OR
Braddock	Height	S	givestree of the contraction of	Conv.Ho	ome	HOU	ost of working LSEWLIE	g life, even if r	etired.)	INDUSTRI		
130. USUAL RESIDENC	E (Where decea	sed lived, if i	nstitution: Residence before	e 13c. CITY C	R TOWN	13d. INSIDE CITY LI		TREET AND NUM	MBER			117
odmission) STATE MaryLan	d	Fre	MY derick	Frede	erick	YES NO	C	uncil (Stree	et		
14. FATHER'S NAME	First	Mic	ldle Lost		1S. MOTHER'S /	MAIDEN NAME F	irst	N	Aiddle		Lost	t
Cha	arles	Bay	ard Trai	il		Grace				Wineb	renn	er
16a. WAS DECEASED Yes, no, ar unknow	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURIT		. INFORMANT					ederic		
NO NO OF UNKNOV	AU) (11 Aez Bine	Was at dates as serv	264 30	6783 D	Mrs. G	lenn Mi	chel, L	08 S.	C011e			
18. CAUSE OF	DEATH (Enter o	nly ane cause	per line for (g), (b), and (c).)	0					APPI BETWE	EN ONSET AND	ERVAL D DEATH
PART I. DE	ATH WAS CAUSI	ED BY: IATE CAUSE (a)	100		es C	20 cla	recin			13	5m	É
4100	7		OR AS A CONSEQUENCE O	Com	Luce	wales	ap					
	nγ, which gave) "	A - I	reace	1	0	YV			15	care	111
	iote cause (o), derlying couse		OR AS A CONSEQUENCE O	-	1	7		1			Live	7
last.	derifing couse) (0			mar	ulas	X	Lun	9	1/2/4	Yac	15
PART 2. OTHER	SIGNIFICANT CO	,	TRIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	AL DISEASE OR (CONDITION GIV	'EN IN PART I(a)/		1	
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19a. DATE OF OP			OR WHICH OPERATION WAS		20a. AU	-		IF YES, WERE FI	NDINGS CO	ONSIDERED II	CERTIFYII	NG
DIFIC					YES [CAUS	ES OF DEATH?				
	WAS UNDERLYI	NG 21b. T	ME OF INJURY	21c.	_	CCURRED (Enter		ury in Port 1 or	r Part 2, 1	tem 1B.)		
	IG □ CAUSE OF DEA y medical exam		A.M. Manth Day Yea									
	CCURRED 21e		TURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		LOCATION Str	eet ar R.F.D. No.	. Cir	y ar Tawn		Caunty		State
While Nat	while		OFFICE BUILDING, ETC.	- /	_					3.00		
		his hospital	attended the decea	sed from	5/2	15 196	e X. ta	61.	194	66, th	nat (i) (we) las
saw the	e deceased	alive an	6//	1965 a	nd that in (1	ny) (aur) api	inian death	accurred or	the da	te and ha	ur and f	ram the
		e, (1) (we)	(did) (did not) view th	e bady afte	r death.							
22b. SIGNATURE	6	0	a Ma) .	ATTENO	ING - A	AED.	STAFF		DATE SIGNED		
	64	tall	book	ned	GREE PHYS.	DXI D	IRECTOR L	PHYS.	Jou	ne 3,1	900	
22d. PHYSICIAN NAME (Typ	rs ne) A	Talbo	tt Brice, M	.D.	22e. AC		non M.	har franc				
Name (11)						Jeffers						
23a. BURIAL, CREMAT		DATE			R CREMATORY			TON (City or To	1	(Caunty)	(Sto	
REMOVAL (Speci	" Jur	e 5,19	68 Mount	Olivet	Cemete	ry				dericl	c M	[d.
24. FUNERAL DIRECTO	OR A/	mess	ADDRES	SS -to	eleas	2Sa. REC'D B	BY REGISTRAR	2Sb. REC	GISTRAR'S	SIGNATURE		

and 2 death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physican and campletely filled in by the Ameral director, page 3 shauld be detached far use as the burial-transit permit. Then plase, emaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

JOM REV 68

Etchison & Son, Frederick,

DATE 5

1968

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O FUNERAL DIRECTOR: After this certificate

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The law requires that the death certificate be executed within 24 hours after death

ATTENDING PHYSICIAN:

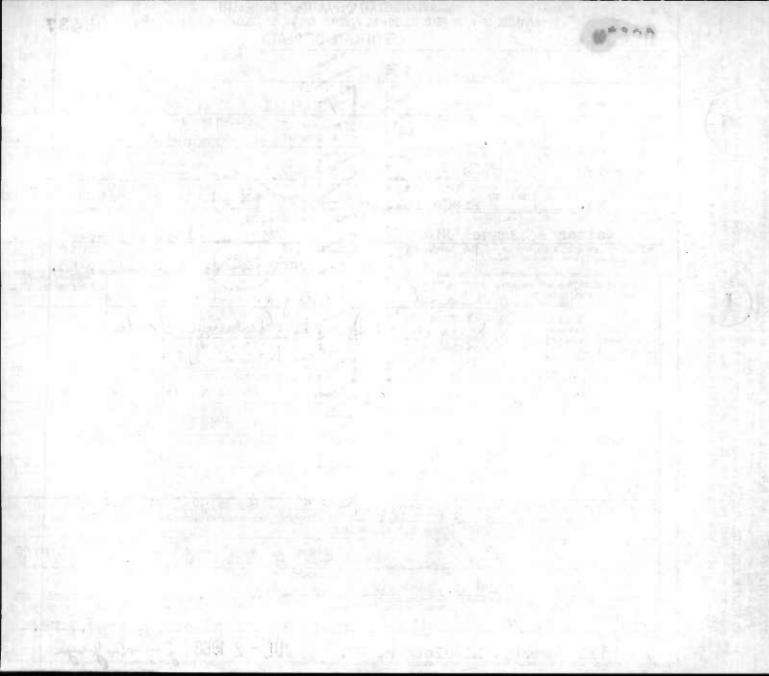
be retained by the haspital

Gladhill Company, Middletown, Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR 28 Doy (Type or print) Month 680 6 Walter Bidle Samuel 4 RACE S. DATE OF BIRTH 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 NRS last birthday) HOURS 7/28/1908 male white 50 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland U.S. DIVORCED [WIDOWED [Frederick 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b, KIND OF BUSINESS OR give street oddress)
Frederick Memorial during most of working life, even if retired.) INDUSTRY Frederick ddletown-lyersville farm owner 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER MJ odmission) STATE 13b. COUNTY Route NO IX Frederick.Mversvill 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Walter Bidle Samuel Virginia Grace 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Route Yes, no, or unknown) (If yes give war or dates of service) Mrs. Grace Bidle, Myersville no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond, (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR/AS Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR ASYA stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN bemertensive 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 7 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE PAC. DATE SIGNED ne 28 DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Dr. Richard NAME (Type) C. Reynolds Frederick. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) buria (Specify) Lutheran Cemetary Middletown 24. FUNERAL DIRECTOR 1968

director, page VR A15 (4) 30M REV. 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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V .	111001011	ETO THITTEN O	4014111111111	V. 0411111
(18433	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH

1. DECEASED-NAME	Fir		Middle		Last			0 0475 101	OMMIT 3			In more
(Type or Print)				77.4				2a. DATE KN	STI-		Day Year	2b. HOUR
		ma O	livia		shop			DEATH MA		June	e 12 ₁ 68	5P
3. SEX	4. RACE	S. DATE OF BIRTH		E (In years IF I MONTH	INDER 1 YEAR IS DAYS	IF UNDER	24 HRS. MIN.	2c. DATE PRO				2d. HOUR
Female	White	Mar. 17,	1875	93 YRS.	DAIS	HOURS	India.	Manth		Day	Yeor 19	
7a. BIRTHPLACE (Stat	e ar fareign	7b. CITIZEN OF WHAT CO	JNTRY?	8. MARRIED	NEVER MA	RRIED 🔲	9. COUN	ITY OF DEATH	1		100 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- 3
rauntry) Pa		USA	The Late	WIDOWED	X DIV	ORCED [Fred	erio	ck		М
IO. CITY OR TOWN O	F DEATH	11. NAME O		NSTITUTION (If no				UPATION (Kin	d of wor	k dane 1	2b. KIND OF BUS	INESS OR
Frede				Mem. H		during	mast of HC	warking life,	eyen if r	etired.) (I	NDUSTRY	1
13a. USUAL RESIDEN	CE (Where dece	ased lived, if institution:	Residence before	13c. CITY OR TO	WN II			13e. STREET A	ND NUMB	BER		
damissian) STATE	Marylan	d Montgome	ry	Mt. A	iry	YES 🔲 1	10	RF	'D #	3		
14. FATHER'S NAME	First	Middle	Last	1S. N	OTHER'S MA	IDEN NAME	First		Mid	dle	last	
	Andre	· W	Palmer				Ev	re .		W	altman	
16a, WAS DECEASED EV	CER CALLLE A RANGE	FORESCO INC.	OCIAL SECURITY	10. 17. INFO	RMANT				ADDRES			
(Yes, na, ar unknav	vn) (If yes giv	e war or dates of service) 220	-46-631	46 M	rs Pr	udenc	e R	Brow	n I	2#3	Mt. Air	or Ma
	DEATH /F-A	420	21 (b) and (c)	10 11	10 11	adence	, e D.	DIOW	11.9 1	WT)	APPROXIMATE	INTERVAL
PART 1. I	DEATH WAS CAUS	nly ane cause per line for ED BY:		77	110	TO	-	0 0			BETWEEN ONSET	AND OEATH
1111	IMMED	IATE CAUSE (a)	unge		pear	VI C		mile				
TI	9	DUE TO, OR AS A	CONSEQUENCE OF	1	-	-5 /	10	- A	1	6		
	any, which gave liate cause (a),		ren	107Cls	in	rel	rea	un	ملاه	eas		
	iderlying cause	DUE TO, OR AS A	CONSEQUENCE OF	F		,						1-5-5
lost. 115	^ 0)										
PART 2 OTHER	SIGNIFICANT CON	(c) DITLONS CONTRIBUTING TO	DEATH BUT NO	PELATED TO THE	TERMINAL I	DISEASE OF	CONDITION	CIVEN IN PA	PT 1(a)			
Fac	chune	& Fenn		A a Gard	A TAL			igme	30	Cala		
19a. DATE OF C	PEDATION			WHICH OPERATION	1		0400	7			20. AUTOPSY	/2
	ne 11, 19		WAS PERFORMED	Intertr	ochar	Teric	gra	eture	- 2R	nun		NO 🗌
		21b. TIME OF INJUR	/ Manth, Day, Yea	21c. HO	W INJURY O	CCURRED (En	ter_nature	af injury in	Part 1 ar	Part 2, Iten	n 1B.)	
PRIMARY CO	R CONTRIBUTING	HOUR AM.	6-819	68	Fell	OUT	ho	me				
21d. INJURY OC		PLACE OF INJURY (At har			ATION Street			City or T	awn 1	M n+m	County	State
WHILE AT WORK		actary, office building, etc.		100	中口中	- 0		1. 1	/2	*%Z#	1444-	mg
22a. I	certify that I	took chorge of the re	moins describ	ed obove, held	on Auto	psy 🔀	Insp	pection 🔲	, Ind	uiry ,	ond in m	y opinio
	sulted from:	-			ide 🔲,	Homicio				nanner [7.5
	6/0	~ AT				IEF MEDICAL						
ACTUAL SIGNATURE _	Thei	I WW	ruas		_M.D. ASS	SISTANT MED	ICAL EXAM	AINER		22b. DATE SI	IGNED	21.00
EXAMINER'S NAME (Type)	Ro	bert J. Th	omas, l	4.D.		PUTY MEDICA DRESS(Street		ier 🔼 Derrivott	. Mc	d.	ne 1d,	700
23g. BURIAL CREMA		DATE		CEMETERY OR CE				LOCATION (Cir			Caunty) (S	itate)
REMOVAL (Spec	15 1	ne 15,1968		Mt. Oli			200.		_	ver.	Pa.	narej.
24. FUNERAL DIRECT		17,1700	ADDR			2Sq. REC'	D RY PEGI			GISTRAR'S SI		1
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TO DEPUTY

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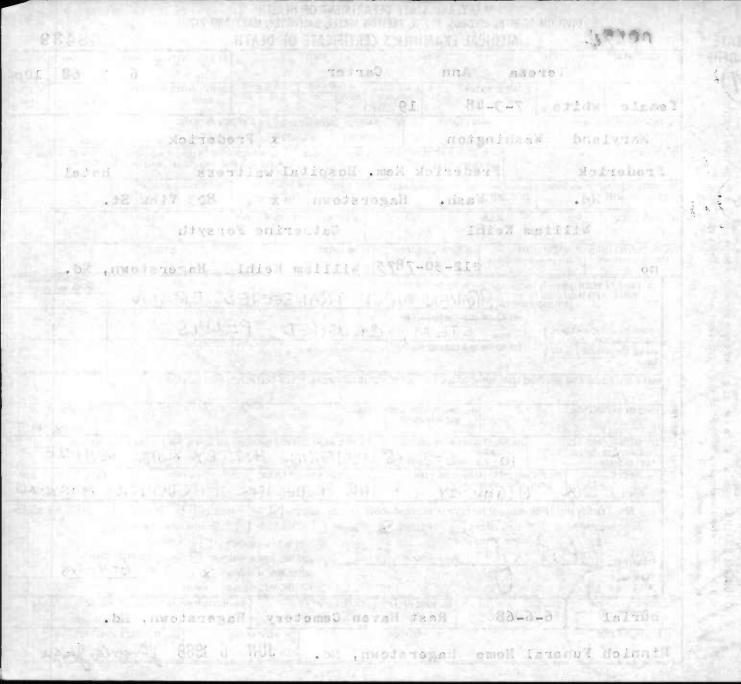
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1	1843	4	ME	DICAL E	XAMI	NER'S C	ERTIF	ICATE	OF DE	ATH					843	9
	SED-NAME or Print)	Fir Te	resa	Ar	Middle 111	C	arte	Łost r			OF	KNOWN ESTI- H MATED		Day	Yeor 618	2b. HOUR
3. SEX fem:		4. RACE white		3-48		AGE (In years last birthday) 19 YR	MONTHS S.		IF UNDER HOURS	24 HRS MIN		PRONOUN		Y	ear 19	2d. HOUR
	IPLACE (State Mary]			OF WHAT COU			ARRIED [NEVER MA	RRIED		NTY OF C					
10 CITY (OR TOWN OF	Land		ingto			-					ick	work done	1125 K	IND OF BUS	M SINESS OP
Fr	eder	ick		red e	rick	Mem	. Ho	spit	a during	most of altr	working	life, even	if retired.)		tel	JINESS OK
13o. USU odmiss	AL RESIDEN	CE (Where dece Md.	ased lived, if 13b. COU	institution: R	h.	fore 13c. CIT			YES X		_	EET AND N	UMBER Lew S	t.		
14. FATHE	R'S NAME	First Will:	iam K	Middle eihl	Į.	ast			DEN NAME erin	e Fo	rsy		Middle	30	Las	t
	o, or unknov	ER IN U.S. ARMEI	FORCES?		CIAL SECURI	TY NO. 7875	17. INFOR		m Ke	ih1	H		RESS	m.	Md.	
	PART I. D	7	ED BY: NATE CAUSE (a DUE T	BROL O, OR AS A C	ONSEQUENCE	NEC	1			TEL PE) 1	BRA	53.00		APPROXIMAT BETWEEN ONSE	
rise	to immed	ny,'which gave iate cause (a), derlying cause	10	0, OR AS A C	ONSEQUENC	_	LKU.	SHE	·D	rL	LV	12				
	7 2. OTHER:	SIGNIFICANT CON	DITIONS CONT	RIBUTING TO	DEATH BUT	NOT RELATED	O TO THE T	rerminal d	DISEASE OR	CONDITIO	GIVEN I	N PART 1(a)			
190	. DATE OF C	PERATION			ONDITION FO	OR WHICH O	PERATION			1981					20. AUTOPS	Y? NO 🗌
PR CA	USE OF DEAT	R CONTRIBUTING H	1 1 HG		6-3	19 68	PEOL	ESTR /	DN 1	417	e of injur	y in Part	or Part 2,	VE I	HICL	E
V	VHILE NORK		PLACE OF INJ	URY (At home	, farm, stre	et,			OFR.F.D. No			or Town	ERICH	(au	,	Stote YLAND
	22a. I death re	certify that I suited fram:	taak charge		nains desc			le 🔲,	Hamicio EF MEDICAL	de 🔲,	_		Inquiry [d manner		and in n	ny apiniar
SIC	TUAL GNATURE _ (AMINER'S	Moser	X	P 119	rual	3		DEF	PUTY MEDICA	AL EXAMIN	IER 🔯		22b. DAT		-68	10
23a. BU	AME (Type) RIAL, CREMA WOYAL (Spec		D. DATE	8		of CEMETER		MATORY	tery	23d.	LOCATIO	N (City or	Tawn)		(ty)	State)
24. FUN	ERAL DIRECT		852 J			DRESS	3		2Sa. REC'				REGISTRAR"		URE	
Mi	nniel	Fune	ral H	ome :	Hage	rstow	m.	Md.	DATE JL	JN	6 19	968	Itilia	rela	Qued	ar

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TO DEPUTY



OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

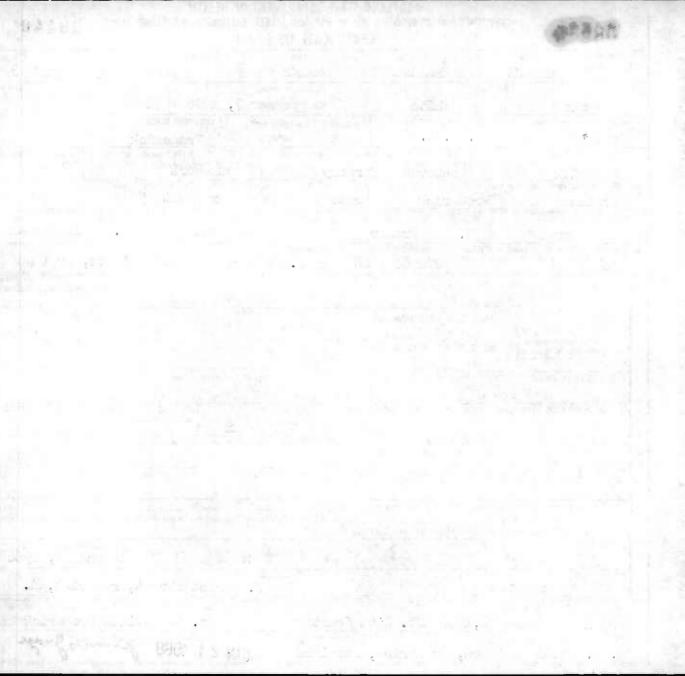
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SINE 4		ERTIFICAT	TE OF DEATH	- XI			903	, 0
1. DECEASED-NAME First (Type or print) BLANCHE	Middle ELIZABETH		Last LMER	2a. DATE O	June	1%	19 68	
3. SEX Female	4. RACE White	1	DATE OF BIRTH eptember 7	, 1896	6. AGE (In yea	YRS.	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
(ounty) Maryland	U. S. A.	WIDOWED [NEVER MARRIED DIVORCED		derick			N
10. CITY OR TOWN OF DEATH Frederick 130. USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	irmary	during	most of working ousewor	N (Kind of work g life, even if reti TREET AND NUMB	red.)	12b. KIND OF INDUSTRY	BUSINESS OR
odmission) STATE	13b Frederick	Route 5	YES 🗌	NO Rot	ute 5			
14. FATHER'S NAME First George 160. WAS DECEASED EVER IN U.S. ARMED	Middle Lost W. Cramer FORCES? 16b. SOCIAL SECURITY N			garet	Mid E •		Zimme	lost rman
Yes, ag, or unknown) (If yes give war o			J. Cramer	, B add	ock Heig			and
PART I. DEATH WAS CAUSED B	DIE TO, OR AS A CONSEQUENCE OF (c) (c) (c)	thrin	tie Ci	aeut ID.	(.			MOSET AND DEATH.
4201	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE	// // . /	RECONDITION GIV	4 . 4			
19a. DATE OF OPERATION 19b. COI	NDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY? YES NO E	CALICE	F YES, WERE FIND ES OF DEATH?	INGS COI	NSIDERED IN C	ERTIFYING
or contributingcause of Death (If either, notify medical exominer)	HOUR A.M. Month Doy Yeor P.M. 19		INJURY OCCURRED (En		ury in Part 1 or P	art 2, Ite	em 18.)	
While Not while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.				y ar Town		County	State
saw the deceased alive	haspital) attended the decease e onl l) (we) (did) (did nat) view the l	9, ond th	nat in (my) (our) o	pinion death	occurred on t	_, 19_ he dote	e ond hour	(I) (we) la: ond from th
22b. SIGNATURE Sernard O	Humos	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		ATE SIGNED e 20,	1968
22d. PHYSICIAN'S NAME (Type) Seyna	rd O. Thomas.	Tr.	22e. ADDRESS 228 N • N	larket S	treet,F	rede	rick,M	d.
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial June	23c. NAME OF 0 22,1968 Mt. Zic	EMETERY OR CRE			ON (City or Town		(County) rederi	(State) ck Md.
24. FUNERAL DIRECTOR		tukele	2So. REC'D	BY REGISTRAR	-			ye

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion ond completely filled metal the freeful director, page 3 shauld be detached for use as the buriol-transit permit. Then pleose remove corbon pages. Pages and 2 should be filed with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in ony event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 Poge 4 moy be retained by the hospital or ottending physician.

deoth.

OM REV.



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00300		CERTIFICA	TE OF DEATH		0053	-in-
	ECEASED-NAME Firs		0	Last	2a. DATE OF DEATH Mansh Day	Year	2b. HOUR
	1/12(7	en Oscar	Lya	77767	6/2	7/68	19-AM
3. S	EX	4. RACE	S	DATE OF BIRTH	6. AGE (In years last birthday)		HOURS MIN
70	DIDTUDIACE (Choke on foreign	7h CITIZEN OF WHAT COUNTRYS	10	18 MAY 18	SA SG YRS.		
cau	BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	WIDOWED 🔀	MEAEK WAKKIED	COUNTY OF DEATH	-	
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR			OCCUPATION (Kind of work done	12b. KIND OF BI	Md
10.	FREDERICA	the standard library	NTEVI		st af warking life, even if retired.)	INDUSTRY A	SINESS OK
	USUAL RESIDENCE (Where decer issian) STATE MARY	ased lived, if institution: Residence before AND Sab. COUNTY FREDER 10	re 13c. CITY OR TO	- Vector un	THE PROPERTY AND ADDRESS OF		
14.	FATHER'S NAME First	Middle Lost	1S. I	NOTHER'S MAIDEN NAME Fir	st Middle		Last
	WILLI	AM CRAMEI	R E	LIZABETH	57	AHR	
160	. WAS DECEASED EVER IN U.S. AF	war or dates of service)	4 . / 1	ORMANT	Address	MARKE	T ST.
	NO	219.0100	106 AU	STIN CKAM	EN FREDERI	ICK	MD
	PART I. DEATH WAS CAUS	anly one couse per line far (a), (b), and SED BY:	(9)	100,000	annilet		ATE INTERVAL SET AND DEATH
	1/2/ Q	DIATE CAUSE (a)DUE TO, OR AS A CONSEQUENCE	Arc. A	e caract	a di	1 200	
	Conditions, if any, which gave		socles	etia mas	rula disease	5110	MA:
1.3	rise to immediate cause (a) stoting the underlying couse		OF C	-a frace	many consumer	1	
	last.	(c)				-	
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)		
z	33/x						
CERTIFICATION	190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CER	TIFYING
	21a. ACCIDENT WAS UNDERLY	Tibi filit of tibotti			nature of injury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DE (1f either, natify medical exam		or 19				
MEC		e. PLACE OF INJURY (AT HOME, EARM, STREET, OFFICE BUILDING, ETC.		TION Street or R.F.D. No.	City or Town	County	State
	at wark at wark			1	-1		
	22a. I certify that (I) (t	this haspital) attended the dece	ased from	ach, 196	S, to fund 2/, 19.	68 , that (I) (we) last
	couses stated above	alive an fund 27 ve, (I) (we) (did) (did nat) view th	e body after de	nat in (my) (aur) apin ath.	lian degrn accurred on the do	ife and hour ai	nd from the
	22b. SIGNATURE		,		22c.	DATE SIGNED	
	The May	of Klane	DEGREE	ATTENDING PHYS.	RECTOR PHYS. D	129/6	8
1	22d. PHYSICIAN'S NAME (Type)	BOY T PAVI	5	22e. ADDRESS FRFD	ERICK	m	1)
230	BURIAL, CREMATION, 23b		OF CEMETERY OR CE		23d. LOCATION (City or Town)	(County)	(Stote)
230	REMOVAL (Specify)	JULY 1968 M		E	WOODSBORG	FREDERA	ok mi
24	FUNERAL DIRECTOR /	ADDRE		2So. REC'D BY		SIGNATURE	-11 -13
1	well Hertel	er Woodska	ere)	Med DATUL -	2 1968 Jelian	as Judge	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death VR A15 (4) 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICA

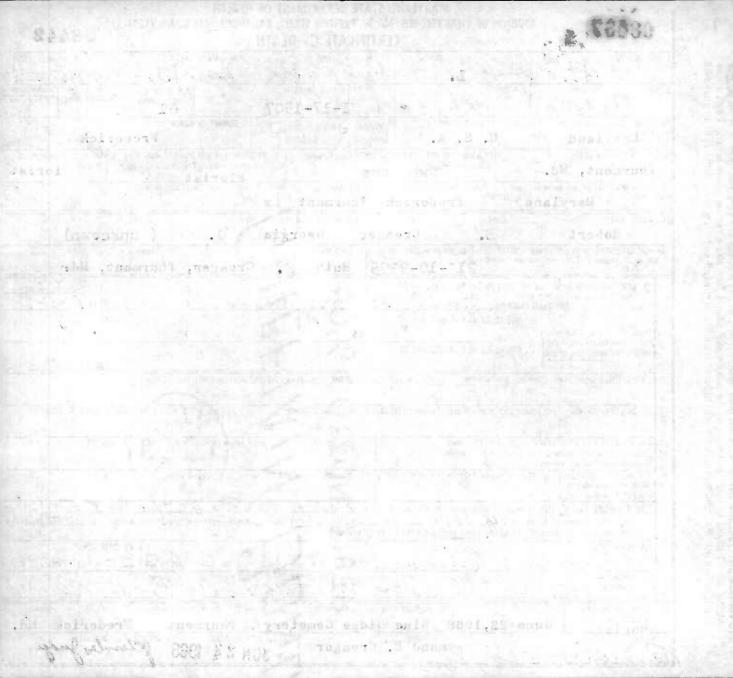
ATE OF DEATH				84	42	
lost	20. DATE OF	DEATH Do	120	Year /6		HOUR FOM
DATE OF BIRTH		AGE (In years lost birthday)		R 1 YEAR	IF UNDER	24 HRS.

	CEASED-NAME / First		Middle	Lost	20. DATE OF DEATH	2b. HOUR
(1	ype ar print) Alle	n L.	(2	eagev	Manth Doy.	10 Year 48 4 30 M
3. SE	X	4. RACE		S. DATE OF BIRTH	AGE (In years	IF UNDER 1 YEAR
	Male	wh	ite	1-17-1907	loss birthday) YRS.	MONTHS DAYS HDURS MIN.
7D.	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUN		NEVER MARRIED 5	COUNTY OF DEATH	
COUL	Maryland	U. S. A	A. WIDOWED	DIVORCED	Freder	rick Md.
	Thurmont, Md.	1	ospital or institution (if	during mos	OCCUPATION (Kind of work dane st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Florist
	USUAL RESIDENCE (Where deceo	sed lived, if institution: Resid	dence before 13c. CITY O	R TOWN 13d. INSIDE CITY LIM		
adm	ssion) STATE Maryla	nd 3b. COUNTY Fre	ederick Th	urmont YES Tx NO		
14.	ATHER'S NAME First	Middle	Last 1	S. MOTHER'S MAIDEN NAME Fir	st Middle	Lost
	Robert	E.	Creager	Georgia	C. (unk	nown)
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOC		INFORMANT	· Address	
١	es, no or unknown) (If yes give	war or dates of service)	-10-9395	Ruth E. C	reager, Thurmon	t. Md.
						APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		(, (b) ono (c).)			BETWEEN ONSET AND DEATH
		IATE CAUSE (a)	ulipie.	myson	ra	1 gr.
10	203X	DUE TO, OR AS A CONS	SEQUENCE OF			
	Canditians, if any, which gave rise to immediate cause (o),	(D)				
	stating the underlying couse		SEQUENCE OF			
	last.) (c)				
	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a)	
7	203 X					
III	190. DATE OF OPERATION 196	. CONDITION FOR WHICH OPERA	ATION WAS PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
CERTIFICATION				YES TO NO TO	CAUSES OF DEATH?	
GRI	21a. ACCIDENT WAS UNDERLYI	ING 216. TIME OF INJURY	21c. 1	HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, It	tem 18.)
	OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Manth	Day Year	, our moons occurred (emos		
MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED 21e		EADM CTOCCT CACTDON N DOLG	OCATION Chart - D.C.D. No.	Chu T	Caunty State
-	at wark of wark	B. PLACE OF INJURY (AT HOME, OFFICE BU		OCATION Street or R.F.D. No.	City or Town	
	22o. I certify that (I) (th	his hospitol) ottended t	the deceosed from_	1 June, 19 6	28, to 20 June, 190	68, that (I) (we) last
	saw the deceased o	alive an IR Jur	7e 1968, ar	nd that in (my) (our) apin	nion death occurred an the dat	e and haur and fram the
		ve, (I) (we) (did) (<u>did na</u> t	I) view the bady after	death.	1 00 0	ATT CIOUSD
	22b. SIGNATURE	1101		ATTENDING ME		ATE SIGNED
Н	1 ten	ry V. M	aso DEG		RECTOR PHYS. D 20	o June 1968
,	22d. PHYSICIAN'S Her	ry V. C	hase	22e. ADDRESS / / /	House Frede	erick, Md
23a.		DATE / 23	3c. NAME OF CEMETERY OF	R CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	June 22,1968	Blue Ridg	ge Cemetery	Thurmont Fr	ederick Md.
24.	FUNERAL DIRECTOR	Dans	ADDRESS		REGISTRAR 25b. REGISTRAR'S	SIGNATURE

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then pleose remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Page 4 moy be retained by the hospital or attending physician. VR A15 (4) 30M REV. 1×68

968 Blue Ridge Cemetery
Raymond E. Creager
| 25a. REC| June

1968 25a. REC'D BY REGISTRAR DATE JUN 2 4



0843

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

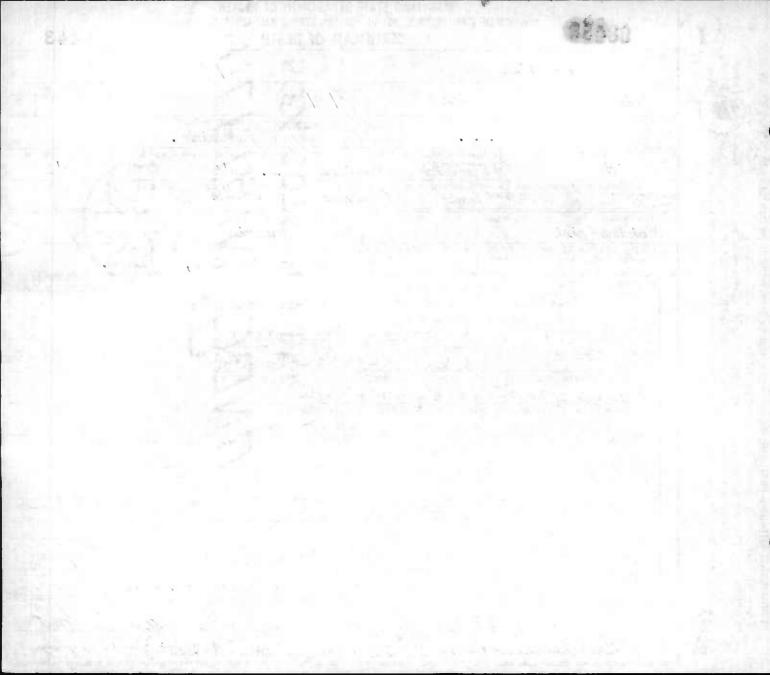
CERTIFICATE OF DEATH

38443

1. DECEASED-NAME First (Type or print) Ashton H		Middle		Last			ATE OF DE		Doy	Yeor	2b. HOUR
3. SEX Male	4. RACE	Vhite		S. DATE OF 1/19/	BIRTH 1900		6.	AGE (In year as birthday)	rs YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
7o. BIRTHPLACE (State or foreign country)	76. CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MA	ARRIED 7		NTY OF DE				N
10. CITY OR TOWN OF DEATH Frederick		ME OF HOSPITAL OR INST treet address) rederick Me						nd of work , even if reti		12b. KIND OF INDUSTRY	
13o. USUAL RESIDENCE (Where deceded	sed lived, if instituti 13b. COUNTY /	on: Residence before	13c CITY OF	rown	13d. INSIDE CITY	NO	13e STREET	AND NUMB	ER	= 10.3	
14. FATHER'S NAME First Adolphus Crist	Middle	Lost	19	S. MOTHER'S I	MAIDEN NAME Rauc	First		Mid	dle		Lost
16a. WAS DECEASED EVER IN U.S. AR Yes, na, or unknown) (If yes give	MED FORCES? war or dates of service)	16b. SOCIAL SECURITY N	0. 17.	INFORMANT	Cather	une l	Bines	Add	rien	d.	
PART 2. OTHER SIGNIFICANT CO	DUE TO, OR A	& Pijel	T RELATED TO	11 11	TOPSY?			, WERE FIND	INGS COI	NSIDERED IN C	ERTIFYING
21a. ACCIDENT WAS UNDERLYI	HOUR A.M.	INJURY Manth Day Year	21c. H	-	CCURRED (En		af injury ir			em 18.)	
21d. INJURY OCCURRED 21e While Nat while of work of work	. PLACE OF INJURY	AT HOME, FARM, STREET, FACE OFFICE BUILDING, ETC.	ORY.) 21f. L(OCATION Str	eet ar R.F.D. I	Na.	City or	Town		County	State
22a. I certify that (I) (the saw the deceased causes stated above	alive an the	The same of	9 Van	d'that in (i		pinian d	14	urred an t	he date	<u>6 %</u> , that e and haur	(I) (we) la and fram th
22b. SIGNATURE	8. C	weel	/ DEG	ATTENE PHYS.	K	MED. DIRECTOR	□ S	TAFF HYS.	22c. D/	ATE SIGNED	68
	BERT	D. CR	our H	22e. Al	DDRESS 806	To/	1 H	GUSE,	Ave	, Fre	derkk
23q BURIAL CREMATION, REMOVAL (Specify) 23b	DATE/6/6	23c. NAME OF C	EMETERY OR	CREMATORY	Cem	23d.	LOCATION (City ar Town	U	(County)	(State)
24 FUNERAL DIRECTOR	unnet	San ADDRESS		Ha	2Sa. REC'D	BY REGIS		2Sb. REGIS		IGNATURE	44073Mc

ours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician. and 2 **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pers I and shauld be filed with the State Dept. at Health prior to burial, crematian, ar remaval, and in any event, within 72 pours after death.

VR A13 (4) 30M REV.



death.

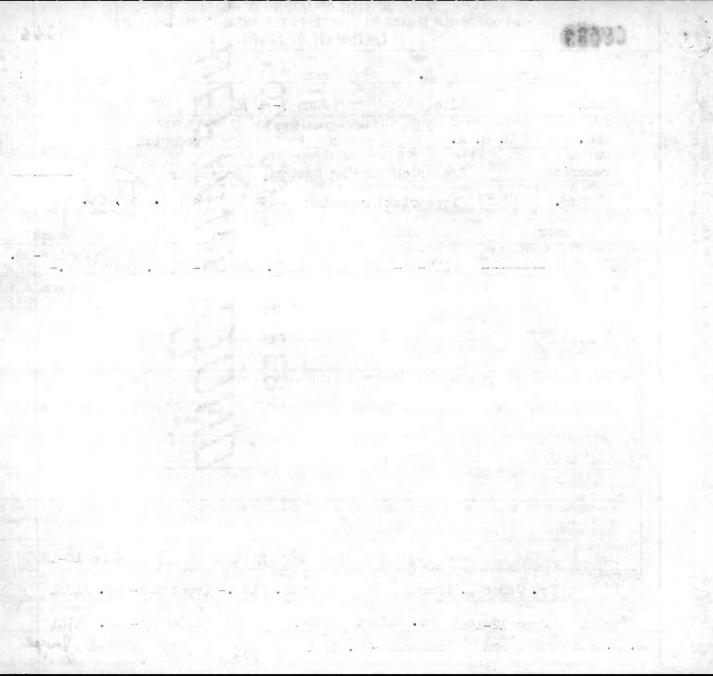
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1.	10		-
- 0.6	34	10	12	1.
0	U	25	3	4

UE	433		CI	ERTIFI	CATE OF	DEATH	1			004	444
1. DECEASED-NA			Middle		Last	127		DATE OF DEATH	-ab D	. V	2b. HOUR
(Type ar pri	") Maj	y	D.		Crum			June Mo	nth 9 Day	1968 Year	8:10
3. SEX		4. RACE			S. DATE OF E		. 17	6. AGE	(In years	IF UNDER † YEAR	IF UNDER 24 HRS.
Fe	emale	Wh	nite		June	7- 18	74	191	oirthday) YRS.	MUNIHS DATS	HOURS MIN.
7a. BIRTHPLACE country)	(State ar fareign	7b. CITIZEN OF WI		3. MARRIEC	NEVER MA	RRIED	9. COU	NTY OF DEATH	4.34		
cuulily)	Md.	U. S. A	1.	WIDOWE	DIVO	ORCED		Frederi			М
	rederick	give :	AME OF HOSPITAL OR INSTI street address) rederick N	ursi	ng Cent	during	most of v	JPATION (Kind of working life, ever maker	f work done en if retired.)	12b. KIND OI INDUSTRY	F BUSINESS OR
13a. USUAL RES admissian) ST		ed lived, if institut 13b. COUNTY	ian: Residence before Frederick	isc city of Frede		13d. INSIDE CIT	NO 🗌	13e. STREET AN 267 W.	5th.	St.	
14. FATHER'S N	AME First	Middle	last		IS. MOTHER'S A	MAIDEN NAM	E First		Middle		Last
	Amos		Lease				Mary			Hou	ick
	ASED EVER IN U.S. ARA	MED FORCES? For or dates of service)	16b. SOCIAL SECURITY NO). 17.	INFORMANT				Address F	rederio	k-Md.
Yes, no aru	ukudwu)	or or doles or service)	215-18-11	20 I	Russell	L. M:	ichae	1-107 E	. Chur	ch St	
			ne far (a) /b), and (c).)	1	1					APPRO) BETWEEN	ONSET AND DEATH
PAR	T I. DEATH WAS CAUSEI	D BY: ATE CAUSE (a)	Medu	all	spene	unc	au	La		20	L'Ceys.
43	37.9	. ,	AS A CONSEQUENCE OF		11			71			-
	is, if any, which gave		Corplus	0 1	allon	ice.	FR	enele	Pe	Ye	cur
	nmediate cause (a), he underlying cause	DUE TO, OR	AS A CONSEQUENCE OF				1				
last.)	(c)								V	
PART 2.	OTHER SIGNIFICANT COM	IDITIONS CONTRIBU	ITING TO DEATH BUT NOT	RELATED	TO THE TERMIN	AL DISEASE (OR CONDITIO	ON GIVEN IN PA	RT 1(a)		
= 353	X										
19a. DATE	OF OPERATION 19b.	CONDITION FOR WH	IICH OPERATION WAS PERF	ORMED	20a. AUT YES		D:	20b. IF YES, W CAUSES OF DEA		CONSIDERED IN	CERTIFYING
	DENT WAS UNDERLYIN	and think of		21c.	HOW INJURY O	CCURRED (E	nter nature	af injury in Pa	rt 1 ar Part 2,	Item 18.)	
	RIBUTING CAUSE OF DEAT natify medical exami		Manth Day Year								
	JRY OCCURRED 21e. Nat while at wark	PLACE OF INJURY	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	PRY.) 21f.	LOCATION Stre	eet ar R.F.D.	Na.	City or Taw	1	County	State
		is haspital) att	ended the deceased	from	7/1	, 19	965_	ta	19_,19	68, tha	t (1) (we) la
CO	uses stated abave	live an e, (I) (we) (did)	(did nat) view the bo	ady afte	nd that in (r r death.	ny) (aur) (apinian d	death accurre	700		and fram th
22b/sign	ATURE VINCES	3. Tho	mas	DEC	GREE PHYS.	ING 🔀	MED. DIRECTOR	STAFF		ne 10-1	.968
22d. AHY		James B.	Thomas		22e. AD		da . =	Frederi	ck- Md	21701	
02- 011041			23c. NAME OF CE	METERY A		T O DATE		LOCATION (City			
Dur	(Specify) Jui	ne 12-196	8 Mt. Oli	vet (Cemeter	Y		Frederi	.ck- Md		(State)
24. FUNERAL D	Etchison	& Son 7	ADDRESS 7 Frederick	Md.	more 21701	2Sa. REC	D BY REGIS	1 196B	REGISTRAR'S	SIGNATURA	sge.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the faneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after. Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08860 08445 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME First Middle Lost 2b. HOUR (Type or print) Month Crummitt 28 William 10:00m Edward June 4 RACE S. DATE OF BIRTH JE LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years requires that the death certificate be executed within 24 haurs after Se last birthdoy) HOURS White April 9- 1877 Male and campletely filled in by for 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) U. S. A. Frederick WIDOWED TX DIVORCED Md. within / 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if refired.) Retired Trackman give street address) INDUSTRY Rest Home Braddock Heights Vindobona Road event, 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Route 2 YES [] NO XX Middletown Frederick and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle First Lost Esworthy Alice Crummitt Edward James please attending physician permit. Then please Md. 21714 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) Records-Vindobona Rest Home-Braddock Hgts. burial, crematian, or remaval, MONE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (o Conditions, if ony, which gove signed by the burial-transit p rise to immediate couse (o), **CONSEQUENCE OF** DUE TO, OR AS A Page 4 may be retained by the haspital or attending physician. stoting the underlying couse 0 425 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O FUNERAL DIRECTOR: After this certificate has been stached far use as the Dept. af Health priar ta CERTIFICATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? YES 🗀 NO F 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) detached (AT HDME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while at work DEFICE BUILDING, ETC. State [O HOSPITAL OR ATTENDING 22a. I certify that (1) (this haspital) ottended the deceased from-1966 tola-28 sow the deceased alive on 6-28 1968, and that in (my) (our) apinion death occurred on the date and hour and from the shauld directar, page 3 shauld Shauld be filed with the couses stoted above, (1) (we) (did) (did not) view the bady after death. 22h. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'2 NAME (Type) Dr. J. Elmer Har 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. July 1-1968 ADDRESS Whitmore 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Ochowles Frederick, Md.21701 1968 30M REV 1/68

THE RESERVE THE PROPERTY OF TH 911 Ex 2 DELEGE CHILICIA 77 Tr. -0 1 mg the transfer of the second and the second areas. A CONTROL OF THE ACTION OF THE grad weeds at the land of

aurs after death. Sages Tand

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician.

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C.E.

Hicks.111

Frederick . Md

MARYLAND STATE DEPARTMENT OF HEALTH

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	08443	DIVISION OF			ATE OF		NUKE, MAKTLAND	21201	0344	6
	ECEASED-NAME Type or print)	First	Middle		Lost		2o. DATE OF DEATH	n Doy	Yeor	2b. HOUR
L	Geor	ege. W	illiam	Di	snev		June	29	1968	2:A M
3. S		4. RACE			S. DATE OF B	IRTH	6. AGE (1 lost birt			HOURS MIN
	Male	N	egro	£	5-27	-1878	90	YRS.		
	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF W	HAT COUNTRY?		NEVER MAI	RRIED 9.	COUNTY OF DEATH			
100	Md	U.S.A		WIDOWED			rederick			Md.
	CITY OR TOWN OF DEATH Frederick		AME OF HOSPITAL OR INS street address) Montevue		at in haspitol		occupation (Kind of the of working life even		12b. KIND OF BI	USINESS OR
130.	USUAL RESIDENCE (Where de	ceosed lived, if institu	tion. Decidence hefers	13c. CITY OR		13d. INSIDE CITY LIMIT				
odm	nission) STATE	13b. COUNTY	-	Balti	more	AEZ NO	2926 W	Nort	th Ave	
14.	FATHER'S NAME First	Middle	Last	15	S. MOTHER'S M	AIDEN NAME Firs	st	Middle		Lost
	Ben ism:	in NMN	Disne	Y		Malv	enia l	IMN	Johns	
	. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY N		INFORMANT			Address Ba	ltimo:	re, Md
	00,110,01011111	give war or dores or service)	214-28-7	427 0	larrie	May D	isney 29	26 W.		Ave
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	USED BY:	ine far (o), (b), and (s):	Total t	CANS	- Lastie	rO		BETWEEN ONS	ATE INTERVAL SET AND DEATH
1	4/29 Canditions, if only, which go		AS A CONSEQUENCE OF		= all A	28 1	011		100	1/01-
	rise to immediate cause (a) (b)	TROSI	1	200	100 CM		•	1	Vi Co
	stoting the underlying cau lost.	(c)	AS A CONSEQUENCE OF							
-	PART 2. OTHER SIGNIFICANT	SIMON CONTRIBUTIONS		T RELATED TO	O THE TERMINA	AL-DISEASE OR COI	NDITION GIVEN IN PART	1(a)		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTO		20b. IF YES, WERI CAUSES OF DEATH		NSIDERED IN CER	TIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF (If either, notify medical ex	F DEATH HOUR A.M.	Manth Day Year		OW INJURY OC	CURRED (Enter r	noture of injury in Port	1 or Port 2, It	em 18.)	
ME	21d. INJURY OCCURRED While Not while of work of wark	21e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. L	OCATION Stre	et ar R.F.D. Na.	City ar Town	76	County	State
	22a. 1 certify that (I)	d alive an	tended the decease (did nat) view the	962 X, an	d that in (m	19 <u>0</u> , 19 <u>0</u> 1y) (aur) apini	ian death accurred	on the dat	(2) , that (e and hour a	
	22b. SIGNATURE	ard O. T	Finas	DEG	11115.	DIR	D. STAFF RECTOR PHYS.	□ ^{22c.} 0	ATE SIGNED	
L	22d. PHYSICIAN'S NAME (Type) Berr	nard D.T	omas, Jr		Pro		nal Bldg	Fred.	Md	
230	BURIAL, CREMATION,	23b. DATE 7-3- 196	23c. NAME OF	CEMETERY OR			23d. LOCATION (City or New Lond		(County)	(State)
	FUNERAL DIRECTOR		ADDRESS	J	2007	2So. REC'D BY	REGISTRAR 2Sb.	REGISTRAR'S	IGNATURE	
	C.E. Hicks.	111 Fra	derick Ma	1		DATUL -	5 1968 20	Marle	o Judge	4

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Billian Committee Committe

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after death

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical directar, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, an

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Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PREST

UN	211	KEEI,	BALIIMUKE,	MAKTLAND	21201			-
F ()F	DFA	TH			5	4	4

		ERTIFICATE OF D	DEATH		0844	4
. DECEASED-NAME First (Type or print)	Middle	Last	2a.	DATE OF DEATH Day	Year	2b. HOUR
Minnie	Mae	Dorwart		June 28		3;30%
. SEX	4. RACE	S. DATE OF BIR	TH	6. AGE (In years		IF UNOER 24 HRS. HOURS MIN.
Female	White	April 1	, 1889	last birthday) YRS.	MUNIHS DATS	HOURS MIN.
o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY? U. S. A.	8. MARRIED NEVER MARR WIDOWED NEVER MARR	ED	ederick		M
O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS			JPATION (Kind of work done	12b. KIND OF B	
Frederick		firmary	1	working life, even if retired.)	INDUSTRY	
3a. USUAL RESIDENCE (Where deceas dmission) STATE Liver Y Land	ed lived, if institution: Residence before	100 0111 011 10111	YES NO NO	13e. STREET AND NUMBER 12 E. Third S	Street	
4. FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAI	DEN NAME First	Middle		Lost
Andrew	Bowers		Louise		Hoffman	a
160. WAS DECEASED EVER IN U.S. ARM		IO. 17. INFORMANT		Address		
Yes, no, or unknown) (If yes give w	for or dates of service) 214 54 00	67 Records a	t Hospit	al		- 14
18. CAUSE OF DEATH (Enter and	ly ane cause per line for (a), (b), and (c).	1			APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
PART I. DEATH WAS CAUSED		ic rulst			1 WI	m
4129	DUE TO, OR AS A CONSEQUENCE OF	1	1 0	. / \	1111	*/
Conditions, if any, which gave)		1- CEVELIT	ia C	-1	100	2110
rise to immediate couse (o),	DUE TO, OR AS A CONSEQUENCE OF	16 2000			1//	
stating the underlying couse	(d)				0	
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART 1(a)		
4220	entities commonities to beauty but its	THE TENTON	0132132	on one in 11th 1(0)		
190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOP:	SY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CER	RTIFYING
190. DATE OF OPERATION 19b.		YES 🗌	NO 🔀	CAUSES OF DEATH?		
		21c. HOW INJURY OCCU	RRED (Enter nature	e of injury in Part 1 or Part 2,	Item 18.)	
OR CONTRIBUTING CAUSE OF CEAT	H HOUR A.M. Manth Day Year ner) P.M. 19					
21d. INJURY OCCURRED While Not while of work		TORY.) 21f. LOCATION Street	or R.F.D. No.	City ar Town	County	State
	is haspital) attended the decease	ed from////	19/2X	ta Olhel Clo 19	A that	(I) (we) las
saw the deceased a	live an 100 1 e, (I) (we) did) (did not) view the I	9 🜽 3, and that In (my) (our) apinian	deoth occurred an the de	ate and hour a	nd from the
22b. SIGNATURE	Munios	DEGREE PHYS.	MED. DIRECTO	- STAFF	DATE SIGNED ne 26, 1	968
22d. PHYSICIAN'S NAME (Type)	ernard O. Thomas.	22e. ADDR 228 N		Street, Freder	rick, Md	
23a. BURIAL, CREMATION, 23b. I		CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(Stote)
DEMOVAL (C : (.)	ne 29,1968 Mt. Zio			Ladiesburg, Fr	, , ,	'
24. FUNERAL DIRECTOR			2Sa. REC'D 8Y REGI	STRAR _ 2Sb_ REGISTRAR'S	SIGNATURE	DIU.
	& Son, Frederick.		DXUL-1	1968 Schan	as ludge	

April 100 1 - 100

MARYLAND STATE DEPARTMENT OF HEALTH

		08443	C	ERTIFICATE OF DEATH	MORE, MARTLAND 21201	08448
		CEASED-NAME First (pe or print)	Middle RICHARD	DUNN	2a. DATE OF DEATH Manth Day	Yeor 1968 10:45
	3. SE	M	4. RACE	S. DATE OF BIRTH	6/AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS CIAYS HOURS MIN
	coun	Yrrama	U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Frederick	N
64		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST give street oddress)	men Hosp Hear	ol OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
10	admi	ssion) STATE md.	13b. COUNTY Frederick	Nous ouvelle	B Sundays	Lane
	7	ATHER'S NAME First Cercus	Middle Last Dunn	18. MOTHER'S MAIDEN NAME FI	V	Fox
	Y	WAS DECEASED EVER IN U.S. AR as, no, ar unknawn) (11 yes 914)	var or dates of service)	07 Mr. P.W. Sugar	aylett.	ya.
ij		48. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane couse per line for (a), (b), and (c).)		ne	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if ony, which gove rise to immediate couse (a),		id susufficiency		1 year
	ı,	stoting the underlying couse				
	N	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	
X	CERTIFICATION	19a. DATE OF OPERATION 9 19b.	CONDITION FOR WHICH OPERATION WAS PERI	FORMED 200. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
H	DICAL CES	21o. ACCIDENT WAS UNDERLY!! ☐ OR CONTRIBUTING ☐ CAUSE OF DEA (If either, natify medical exomi	TH HOUR A.M. Manth Day Year p.M. 19		noture of injury in Port 1 or Port 2, I	tem 18.)
	ME	21d. INJURY OCCURRED 21e While Nat while of work	. PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	(DRY,) 21f. LOCATION Street at R.F.D. No.	City or Tawn	County State
		22a. I certify that (i) (the saw the deceased of couses stoted obove	his hospital) attended the deceased live on19 e, (1) (we) (did) (did not) view the b	d from, 1966 68, and that in (my) (our) opin ody after death.	nian death occurred an the do	te ond hour ond from th
		22b. SIGNATURE		ATTENDING M		DATE SIGNED
1	,	22d. PHYSICIAN'S NAME (Type) E. A.	DETTBARN	22e. ADDRESS	eleverille, m	d.
2		REMOVAL (Specify)	121 1968 Utica	EMETERY OR CREMATORY - Climitery	23d. LOCATION SCITY or Town)	(County) (State) Ene. M
	24.	FUNERAL DIRECTOR	1220 Ros single	250. REC'D B	registrar 25b registrary	SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

8448 MATERIAL AND A STATE OF THE STA and the little of the second payers and the second payers

A COLUMN

C.E. Hicks, 111 Frederick, Md

38449

CERTIFICATE OF DEATH 2n DATE OF DEATH 2b. HOUR Dov Year June 968 6. AGE (In years IF UNDER 24 HRS. HOURS last birthday) 12-23-1923 9. COUNTY OF DEATH Frederick 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY 13e. STREET AND NUMBERF red . Md 13d. INSIDE CITY LIMITS? NO T 405 Carrolton Drive IS. MOTHER'S MAIDEN NAME First Last Beatrice Unknown Address Fred Md Jamison 405 Carrolton Drive BETWEEN ONSET AND OFATH Meningoencephalitis due to 4½ days PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. State City or Tawn County 22a. I certify that (I) (this haspital) attended the deceased fram 6-2-, 1948, ta 6-4, 1948, that (I) (we) last saw the deceased alive an 6-3-1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the 22c. DATE SIGNED MED. DIRECTOR STAFF PHYS. 6-5-68 220 N-MARKET 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (Stote) (County) Burial (Specify) 6-11-68 Frederick Fred Fairview ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

DATE JUN 10 1968

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death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

38450

CERTIFICATE OF DEATH

	ECEASED-NAME FIRST	Middle		LOST	20. DATE OF DEATH	M	2b. H	QUR.TI
(1	ype ar print) Louise	C.	El	lsworth	June 6	Year 196	8 10	:30
3. SE	X 4. RA	CE	S	DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR	IF UNDER	24 HRS.
	Female	White		November 135	1878 Sast birthday) YRS.	MONTHS DAYS	HOURS	MIN,
7a. l	BIRTHPLACE (State or foreign 7b. CITIZ	ZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9	COUNTY OF DEATH			
cour	est Virginia	U. S. A.	WIDOWED	DIVORCED	Frederick			M
	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If nat	in haspital 12a. USUAL	OCCUPATION (Kind of work dane	12b. KIND OF	BUSINESS	
	Frederick	rederick W	emorial.	Hospita Luring mos	of working life, even if retired.)	INDUSTRY		
3a.	USUAL RESIDENCE (Where deceased lived,	if institution: Residence befa						
dm	ssian) STATE 13b. (COUNTY ederick	re lac CITY OR I	ck YES NO	Route 3			
	ATHER'S NAME First	Middle Lost		AOTHER'S MAIDEN NAME Fire	st Middle		Last	
	George	Ellswo	rth	Hanna	h	Bish	100	
16a.	WAS DECEASED EVER IN U.S. ARMED FORCE			ORMANT	Address			
Y	es, na, or waknawn) (If yes give war or dates of	216 54 7	860 JLMi	ss Dorothy A	lbers, Route 3, Fr	rederick	c,Md.	
	1B. CAUSE OF DEATH (Enter only one co		(c))	. /		APPROXI	MATE INTERV	AL.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(a) Equeral	used A	rleusselen	no E ASHI	> 10-	20 -	-
	11120	E TO, OR AS A CONSEQUENCE	1				1	
	Canditians, if any, which gave)	(b)						
E	rise ta immediate cause (a), stating the underlying cause	TO, OR AS A CONSEQUENCE	OF			J 137 F		
	last. 4-200	(c)						
	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO	HE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	2		
z	Urinary, V	Cetention	and.	Severe Fee	al Impact	rone		
CERTIFICATION	19a. DATE OF OPERATION 19th CONDITIO	ON FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CI	ERTIFYING	
TIFI				YES NO 🔀	CAUSES OF DEATH?			
		b. TIME OF INJURY		INJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 18.)		
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HC	OUR A.M. Manth Day Ye P.M.	ear 19					
ME	21d. INJURY OCCURRED 21e. PLACE OF	F INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCA	TION Street ar R.F.D. Na.	City ar Tawn	County	St	ate
	at wark at wark							
	22a. I certify that (1) (this haspi	ital) attended the dece	ased fram	une / 196	8, to June 6, 19	68, that	(1) (we) lo
H	saw the deceased alive on.	(a) (did) (did (at) vious th	_19 6 8 and	hat in (my) (aur) apin	ian death accurred an the do	ate and haur	and fra	m t
	22b. SIGNATURE	e) (dia) (dia fiai) view ii	ie budy differ de	um,	271	DATE SIGNED		
	220. SIGNATURE DE	Tale ela	DEGREE	ATTENDING ME PHYS. DIR	D CTACE	-6-6	0	
T)	22d. PHYSICIAN'S	Lever V		22e. ADDRESS	ECTOR CO PHIS. CO	0 0	7	
	NAME (Type) W. J.	Riddick, M. I).		Medical Center, F	rederic	k, M	id.
23a.	BURIAL, CREMATION, 23b. DATE	23c. NAME	OF CEMETERY OR CE		D Distribut (City since)		(State)	
	REMOVAL (Specify) Lune 9.	200	Zion Cem		Wheeling, W. Va.		(0.0.0)	
24.	FUNERAL DIRECTOR			2Sa. REC'D BY	DECISTRAP 256 DECISTRAP'S	SIGNATURE		-,
	M. R. Etchison	& Son. Freder	rick. Mar	vland DATE JUN	10 1968 Acho	was Jan	42	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 hau VR A15 (4) 30M REV. 1/68 THE WORLD'S CONTRACTOR SHOWER THE PROPERTY OF THE PROPERTY OF

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10 HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death.

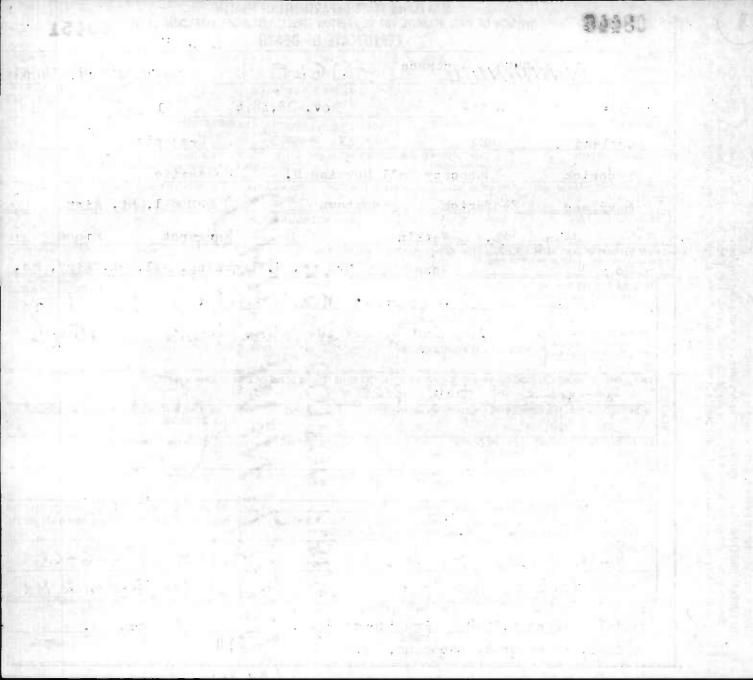
Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 59 th director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, Posshauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08451

-			CEKTIFICA	HE UT DEALL				
	I. DECEASED-NAME (Type or print) Gentlement	Lauka//Gertrude	EN	JGLE	2a. DATE OF		1968 Hg	26. HOUR
	3. SEX	4. RACE	S	DATE OF BIRTH	0 1	6. AGE (In years	MONTHS DAYS	HOURS MIN
	Female	White		Nov. 23,1	876	last birthday) 91 YRS.		
	7o. BIRTHPLACE (Stote or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF			
L	Maryland	USA	WIDOWED			rederick		
0	io. City OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INS give street oddress) Monocacy Ha		during	mast af_warking	(Kind of work done life, eyen if retired.) ewife	12b. KIND OF E INDUSTRY	USINESS OR
	I3o. USUAL RESIDENCE (Where deceo	osed lived, if institution: Residence before 13b COUNTY Frederick	13c. CITY OR TO Kempt	VIC 🗀		REET AND NUMBER D # 1, M1	t. Airy	
1	14. FATHER'S NAME First	Middle Lost	1S. I	MOTHER'S MAIDEN NAME	First	Middle		Lost
1	John				Marg	aret	Flood	l
	16a. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (If yes give	MED FORCES? war or dotes of service) 16b. SOCIAL SECURITY I		ORMANT	DA-US	Address	M. M.	
	No No	None	M	rs Wm. H.	Brownin	g, R#1, N		
I		nly ane cause per line for (o), (b), ond (c).	.)	1	- 1			ATE INTERVAL ISET AND GEATH
Н	PART I. DEATH WAS CAUSE	ED BY: NATE CAUSE (0) Conges	stive	teart:	tailur	9		day
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	(b) Acc y access	general	year /Area	103000	<i>M S</i>	100	715
	Gange	ONDITIONS CONTRIBUTING TO DEATH BUT N	or related to	HE TERMINAL DISEASE O	R CONDITION GIVE	N IN PART I(a)		
(. CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	CALISES	YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CE	RTIFYING
1	21a. ACCIDENT WAS UNDERLYI CONTRIBUTING CAUSE OF OFA (If either, notify medical exam	ATH HOUR A.M. Month Doy Yeor		/ INJURY OCCURRED (En	iter nature af inju	ry in Part 1 ar Port 2,	, Item 18.)	
1	While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	1		4-72	or Town	County	State
	22a. I certify that (I) (the saw the deceased causes stated above	his hospital) attended the decease alive an May 1 re, (1) (we) (did) (did not) view the	ed_from 19_&_, and bady after de	that in (my) (aur) a	pinian death o	occurred an the d	ate and haur o	(I) (we) I and fram
	22b. SIGNATURE J.	hills M.	D. DEGREE		MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	68
1	22d. PHYSICIAN'S Ray	h'L. Michels			edical	Ctr., For	ederick	, Md
	DEMOVAL (C:E-)	40	CEMETERY OR CI	Meth.		N (City or Town) Kemptown	(County)	(State)
7	24. FUNERAL DIRECTOR	ADDRESS esworth, Damascus		2So. REC'D	BY REGISTRAR UN 10 1	968 REGISTRAR	S SIGNATURE	A Company



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FILMGLOL 6/24 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

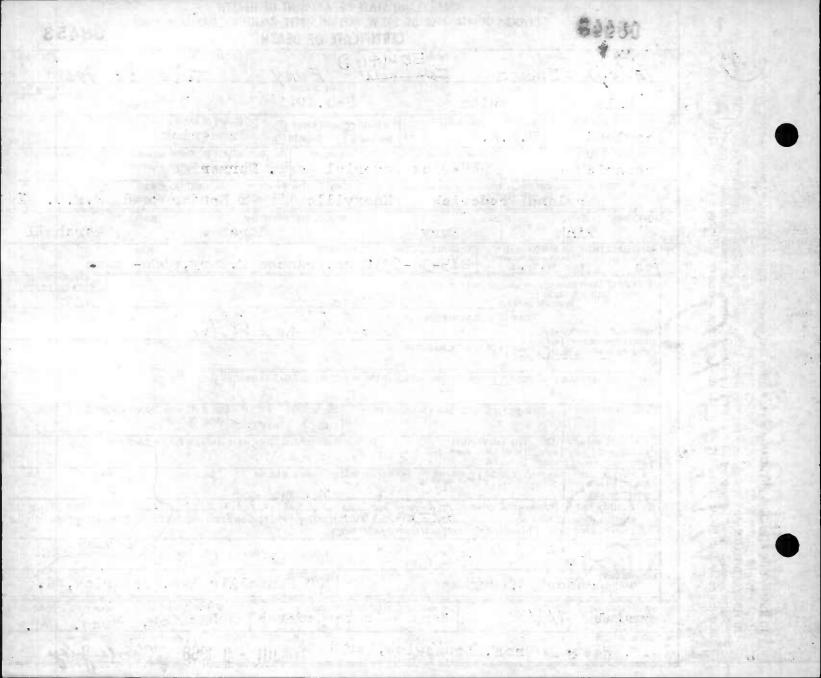
08452

-	DECEASED-NAME	Firm	MEDIC	AL LAAM	INEK 5 C	LKIIIICAIL	OI DL		9633	2 3			
	(Type or Print)	EDWÄ	RD.	EZGENE		ERICKSON		2	o, date kno of est death mat		,	Year 19 68	2b. HOUR
	sex Male	White	S. DATE OF BIR		6. AGE (In years log grinday) YRS	MONTHS DAYS	HOURS	MIN.	Jane	OUNCED DEAD 15°	Year	1968	2d. HOUR
	BIRTHPLACE (Stotustry) Illin		U.S.A.		WID		ORCED		TY OF DEATH ederic	k,			Md
		rederick	giveF3	rederici	Memor	N (If not in haspita ial Hosp	_ durin€	Stude		l af wark dane even if retired.)	12b. KIND INDUSTRY	OF BUSII	ness or ne
130	a. USUAL RESIDEN odmissian) STATE	ICE (Where decease Illinois	d lived, if institution 13b. COUNTY	rian: Residence I		icago	YES X N		3e. STREET AN 116 S.	Kenwood	d Ave	nue	31
14.	FATHER'S NAME	Eugene	Middle F .	Eric	ckson	15. MOTHER'S MA	rna	First		Middle Lars	sen	Last	
160	. WAS DECEASED EV	VER IN U.S. ARMED FO	ORCES? ar or dates of service)	349 →3 6		17. INFORMANT Mr. Euge	ne F.	Eric		ADDRESS Chicago	, I11	inoi	s
	8 14	F DEATH (Enter anly DEATH WAS CAUSED IMMEDIAT only, which gave)	one cause per lir BY: E CAUSE (a) DUE TO, OR	AS A CONSEQUEN	id (c).)	tel B Disloc	nain	SA	em	Ska		PROXIMATE I VEEN ONSET /	
	rise to immed stating the un last.	diate cause (a), nderlying cause	(c)	AS A CONSEQUEN	ICE OF								
	PART 2. OTHER	SIGNIFICANT CONDIT	TONS CONTRIBUTION	NG TO DEATH BU	T NOT RELATED	TO THE TERMINAL	DISEASE OR C	CONDITION	GIVEN IN PAR	T 1(o)			
CERTIFICATION	19a. DATE OF C	OPERATION		19b. CONDITION WAS PERFO		ERATION						AUTOPSY:	? NO 🔲
MEDICAL CER	210. EXTERNAL PRIMARY CAUSE OF DEAT	OR CONTRIBUTING	21b. TIME OF I HOUR A.M	- me 1	19 68	21c. HOW INJURY O		nter nature	af injury in P	ort 1 or Part 2, It	em 18.)		
WE	21d. INJURY OC WHILE AT WORK		ACE OF INJURY (A	t home, farm, st		21f. LOCATION Stree	2 /		City or To	wn Inade	County	1-1	State,
		certify that I to				Suicide,	Homicid	de 🔲,		Inquiry [_	d in my	y opinion
	ACTUAL SIGNATURE _		MI	Dur		M.D. AS	IIEF MEDICAL SISTANT MEDICA PUTY MEDICA	ICAL EXAM	INER	22b DATE	SIGNED	15.	1968
L	EXAMINER'S NAME (Type)	Robert	J. Thoma	S				t, city, tawr	n, or county)	Freder	ick,		land
Re		Wrial 6		0	akwood	or crematory Cemeter				, lllines			ate)
	Robert E	Dailey	E Son		erick.	Maryland	2Sa. REC'D			B REGISTRAR'S	SIGNATUR	Jud	et à

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0,6883		CERTIFICATE OF D	EATH	
1. DECEASED-NAME Firs (Type or print)	middle Bruce W. Eyle	Last r	2a. DATE OF DEATH June	6 Doy 1988 11 A
3. SEX male	4. RACE white	S. DATE OF BIRTH	7-1889 6. AGE (In yet lasty-bighery)	YRS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Md •	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE		C
10. CITY OR TOWN OF DEATH Thurmont		NSTITUTION (If nat in haspital)wn Home	12a. USUAL OCCUPATION (Kind af wark durog post af warking life, even if re	dage 12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where decaded admission) STATE	ased lived, if institution: Resident before		INSIDE CITY LIMITS? 13e, STREET AND NUM	BERST
14. FATHER'S NAME First	Middle Eyl	Is. MOTHER'S MAID!	ENDAME First Mid	ddle Lost
16o. WAS DECEASED EVER IN U.S. AR Yes, no, or unknawn) (If yes give	RMED FORCES? 16b. SOCIAL SEGURITY	17. INFORMANT 5729 Man	ieß Eyler. H	Kess Kurmont
PART I. DEATH WAS CAUS	only one cause per line for (a), (b), and (c) ED BY:	lineare Com	active to be	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 3 wo
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS CONSEQUENCE OF	lisease liter	is clerate type	3 years
14200 B.	ONDITIONS CONTRIBUTING TO DEATH BUT		ISEASE OR CONDITION GIVEN IN PART 1(o)	
19d. DATE OF OPERATION 19b	CONDITION FOR WHICA OPERATION WAS P		20b. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLY! GOR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Month Doy Yea	r 19	RED (Enter nature of injury in Part 1 or	Part 2, Item 18.)
21d. INJURY OCCURRED 21d While Nat while at wark	e. PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY,) 21f. LOCATION Street o	r R.F.D. Na. City or Town	Caunty State
saw the deceased	his haspital attended the decease alive an Architecture (I) (west (pid) (did not) view the	19 6 3, and that in (my)	(aur) apinian death occurred an	the date and havr and fram the
22b. SIGNATURE	Yames Thay	M DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	mes K. G.	ay 22e. ADDRES	Thurmont.	-Md.
REMOVAL (Specify)	0-8-1968 Ler	ristorn (23d LOCATION (City or Town	stredition
24. FUNERAL DIRECTOR	Freager Thu	paramet My	o. REC'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE -

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages and should be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs ofter deat Page 4 may be retained by the haspital ar attending physician.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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08450	DIVISION OF VITAL RECORDS,	301 W. PREST	ON STREET, BALTIE		08455
1. DECEASED-NAME (Type or print) Firs		Firon	Last	2a. DATE OF DEATH Month Do	Year 130 M
3. SEX) emall	4. RACE White		ate of Birth ay 5, 1881	6. AGE (In years log birthday) YRS.	FUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7o. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED K	DIVORCED _	COUNTY OF DEATH Frederick	Md
10. CITY OR TOWN OF DEATH Frederick	give 3811ddr Madi	son St.	during mp	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY HOME
admission) STATE Md.	ased lived, if institution: Residence before 13b. COUNTY Fred.	Freder	ick YES NO	□ 361 Madis	
14. FATHER'S NAME First Alonz				annah Pearl	Last
16a. WAS DECEASED EVER IN U.S. AF Yes, no, or unknown) (If yes give				d Hape 361 Mag	
PART I. DEATH WAS CAUS	anly ane cause per line far (a), (b), and (c) SED BY: DIATE CAUSE (a)	leac a	arrest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SMUNULOS
Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last.	(b) POUR SOURCE OF	io-se	lewtic	C.V.D.	10 years.
4330	CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE	TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(a)	
190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS PI	ERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
21a. ACCIDENT WAS UNDERLY GOVERNMENT OF DEALER OF DEALE	EATH HOUR A.M. Manth Day Year		NJURY OCCURRED (Enter	nature of injury in Part 1 or Part 2,	Item 1B.)
21d. INJURY OCCURRED While Not while of work of work	le. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATI	ON Street ar R.F.D. Na.	City or Town	Caunty State
saw the deceased	this haspital) attended the deceas alive an ve, (I) (we) (did) (did nat) view the	19, and th	, 19 at in (my) (aur) apir h.	, ta, 19 nian death accurred an the de	
22b. SIGNATURE	Q. Thimas	Z DEGREE	PHYS. DI	TALE O	DATE SIGNED ML 1, 1968
22d. PHYSICIAN'S NAME (Type)/3eV	nard O. Thomas	55r.	22e. ADDRESS	rick, Md!	

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pupel """ should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 ha<u>u</u> **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely fill directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carboat-p Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 30M REV. 1/68

23b. DATE 6-4-68

23c. NAME OF CEMETERY OR CREMATORY United Brethren

23d. LOCATION (City or Town) Cem

(County) (State)

23a. BURIAL, CREMATION, E. Creager FUNERAL DIRECTOR Raymond

2Sa. REC'D BY REGISTRAR JUN

Thurmont Fred.

TRAR | 25b. REGISTRAR'S SIGNATURE

4 1968 | | |

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH Clipse or primit ELIA MAB GRIMES 20 DATE OF ORATH Day Year 20 DATE OF ORATH				DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON ST	REET, BALT	IMORE,	MARYLAND :	21201	100	456	>
Type or print ELLA MAE GRIMES 19 Mac MAE GRIMES 19 Mac		0863	12			CERTIFICA	ATE OF	DEATH						
Second S									2a. DAT			V		
Femal e White May 8, 1892		Type or print)	ELLA		MAE	GR.	IMES				Tody	1968	6	A
The Hill Country of Death and	3. 5													
Incompany Country Co						16.00	May	8, 18		76		MON ILIZ	HOOKS	Milit
Mount Diction Divorce Divorc		4-4				8. MARRIED	NEVER MA	RRIED	9. COUNTY	OF DEATH				
Subject Subj		Maryı												
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before dission) 13c. COUNTY 13c. MINDER 13c. MINDER 13c. COUNTY 13c. MINDER 13c. MINDE				11. N	AME OF HOSPITAL OR IN street address)	ISTITUTION (if nat	in haspital						BUSINES	SOR
SATE Mary and 13b. COUNTY Mt. Airy YES NO ROUTE								H	ouse	Wile		I TOUSTRY		
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First IS. M	13a	. USUAL RESIDENCE nission) STATE	(Where deceas	ed lived, if institut	tian: Residence befare				1.0					
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First IS. M				Ca	rroll				7	Route				
16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT No. 17. INFORMANT No. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: 18. CAUSE OF DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove inse to immediate couse (a). Stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (d) D. D. D. D. D. D. D. D	14.			Middle	Last		MOTHER'S A				Middle			
Ves, no, or unknown) Cit yes give were red dates of service) Ves William D. Grimes Same As #13	1			ICO CODICEO			THURSDA		Emma			Glas	SS	
18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	160	i. WAS DECEASED EV Yes, no _w or unknown	EK IN U.S. AKN) (If yes give w			_		-	100					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AFTENDOS CONTRIBUTION IMMEDIATE CAUSE (a) AFTENDOS CONTRIBUTION IMMEDIATE CAUSE (a) AFTENDOS CONTRIBUTION Conditions, if any, which gove rise to immediate cause (a). Stating the underlying cause lost. (b) D D D D D D D D D	F					IAA T	Llian	1 D. G	rime	s Sam	e As	#13	MATE INTER	DVAI
Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause (b) Due to, or as a consequence of (c) Due to, or as a consequen								, .	,	~ *		BETWEEN (DNSET AND	DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(b) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical exominer) P.M. 19 21d. INJURY OCCURRED 10 (Enter noture of injury in Port 1 or Port 2, Item 18.) 21d. INJURY OCCURRED 10 (If either, notify medical exominer) P.M. 19 21d. INJURY OCCURRED 10 (Injury Information of Injury Information County State of Work of Work 19 (Injury Information Injury I	29	250	IMMEDIA	ATE CAUSE (a)			c (a	401019	344/21	V D18+	216	64	1004	5
Tise to immediate couse (0), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 260 X 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION 21b. TIME OF INJURY YES NO CAUSES OF DEATH? 21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Country State while of wark of wark of wark 22o. I certify that (I) (this hospitol) ottended the deceased from 30 Country State Courses stated above, (I) (we) (did) (did nat) view the bady ofter death.		Conditions if any	y which gave				n.	11:4.				100	10.14	,,
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 260 X 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21b. TIME OF INJURY HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while of wark 21d. INJURY OCCURRED While Not while of wark 22o. I certify that (I) (this hospitol) ottended the deceased from Armonian of wark 22o. I certify that (I) (this hospitol) ottended the deceased from Armonian death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the bady ofter death. ANYMPHIC A. MED. ANYMPHIC A. MED. 22c. DATE SIGNED		rise to immedio	te couse (o),	(b)			HEL	11/41				107		.\$
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 200. AUTOPSY? YES NO 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING CAUSES OF DEATH HOUR A.M. Month Day Year P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) P.M. 21f. LOCATION Street or R.F.D. No. City or Town County State 220. I certify that (I) (this hospitol) ottended the deceased from AFRICAL 19 320. I certify that (I) (this hospitol) ottended the deceased from AFRICAL 19 321. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OUR A.M. Month Day Year P.M. 19 321. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State Of the part of the deceased dive an Array of the deceased from AFRICAL 19 325. TO ARRAY OF THE DEATH OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) AUTOPSY? YES NO CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) County State 22c. I certify that (I) (this hospitol) ottended the deceased from Africal 19 326. STATE 22c. DATE SIGNED	Н		erlying cause	DUE 10, OK	AS A CONSEQUENCE OF									
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HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While at wark of work 19 22c. I certify that (I) (this hospitol) ottended the deceased from 19 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNED	Н	2/24	IOI III ICAINI COI	torrions contribu	TIMO TO DEATH DOT I	TOT KEDATED TO	THE TEXABLIA	AL DISEASE ON	compilion	OTTEN IN TAKE I	(0)			
HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While at wark of work 19 22c. I certify that (I) (this hospitol) ottended the deceased from 19 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNED	TION	19g, DATE OF OPER	ATION 19b.	CONDITION FOR WI	IICH OPERATION WAS PE	ERFORMED	20a, AUT	OPSY?	20	b. IF YES. WERE	FINDINGS C	ONSIDERED IN C	ERTIFYIN	IG
HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While at wark of work 19 22c. I certify that (I) (this hospitol) ottended the deceased from 19 22b. SIGNATURE 22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNED	IFICA						YES F	7 NO F	CA	AUSES OF DEATH?				
While Not while of wark 220. I certify that (I) (this hospitol) ottended the deceased from 1968, and that in (my) (our) opinian death accurred on the date and hour and from the courses stated above, (I) (we) (did) (did nat) view the bady ofter death.				210. 111112 0	F INJURY	21c. HOV			er noture of	injury in Port 1	or Port 2,	Item 18.)		
While Not while of wark 220. I certify that (I) (this hospitol) ottended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and hour and from the courses stated above, (I) (we) (did) (did nat) view the bady ofter death.	SE	OR CONTRIBUTING												
220. I certify that (I) (this hospital) attended the deceased from 1968, and that in (my) (our) opinion death accurred on the date and hour and from the courses stated above, (I) (we) (did) (did nat) view the bady ofter death.	ME	While Nat w	URRED 21e.				ATION Stre	eet or R.F.D. No).	City or Town		County		State
saw the deceased alive an	Н	22o. I certify	that (I) (th	is hospitol) ott	ended the deceas	ed from	17100	1/ , 19	55, to	JUN	€, 19	68, that	(I) (w	ve) lo
22b. SIGNATURE 22c. DATE SIGNED		saw the	deceased a	live an	4ne 7	19/2 8. and	thot in (r	ny) (our) op	inian dea	oth accurred o	on the do	ite and hour	and fro	om th
ATTENDING & MED CTAFF	1		rarea above	e, (i) (we) (did)	(ala nat) view the	bady offer de	earn.				1 22-	DATE CICNED		
		ZZU. SIGNATUKE	211	Cerpo	16100	DEGRE	ATTEND PHYS.		MED. DIRECTOR	STAFF PHYS.			101	0

'O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion ond completely filled in by the director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours Poge 4 may be retained by the hospital or ottending physicion. VR A15 (4) 30M REV 1 68

PHYSICIAN'S NAME (Type) B. Culwell Dr. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a.

MED. DIRECTOR

STAFF PHYS.

□ June 7,1968

22e. ADDRESS Mt.

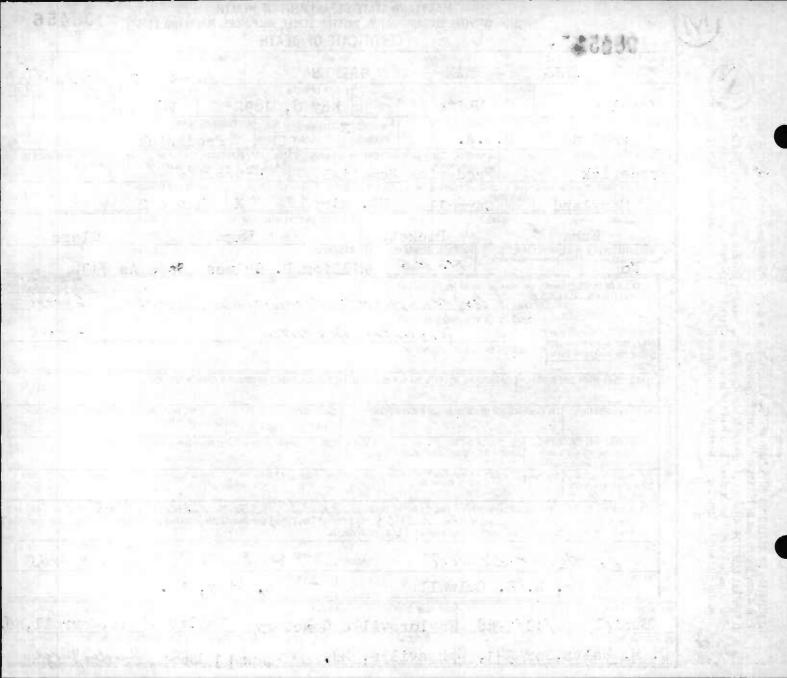
Airy, Md. 23d. LOCATION (City or Tawn)

(County)

Taylorsville, Carroll, Md 6/10/1968 Taylorsville Cemetery Ta 24. FUNERAL DIRECTOR

Waltz, Box 241, Sykesville, Md.

(State)



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1.		CEASED-NAME	First		Middle		Last		2a. DA	ATE OF D	EATH		2b. HOUR TO
	(1)	ype ar print)	Li	lburn	H.	Hal	1		Ju	ne	Manth 24 D	1968 ar	1245 M
3.	SE	X		4. RACE			DATE OF BII	RTH		10	6. AGE (In years	IF UNDER 1 YEAR	IF UNOER 24 HRS.
		Male		Whi	te			1-1890			last birthday)	MONTHS CAY	S HOURS MIN
7	o. B	IRTHPLACE (State or f	oreign	7b. CITIZEN OF W					9. COUNT	TY OF D		2.1	
		try) Md.	urorgii.	U. S		8. MARRIED X		CED 🗆			rick		
1/	0 0	ITY OR TOWN OF DEAT	ru .		IAME OF HOSPITAL OR IN:		,				Kind af work done	TIDE KIND	Md. OF BUSINESS OR
1	Tr	. New Marl	ket	give	street address)		iii itospiidi	during m		rking lil	fe, even if retired.)	INDUSTRY	armer
13	3a.	USUAL RESIDENCE (Wh ssian) STATE	ere decease	d lived, if institu 13b. COUNTY	tian: Residence befare	13c. CITY OR T		13d. INSIDE CITY LI			ET AND NUMBER		
	GIIII:	Mo	d.	ISD. COUNTY	Frederick	Nr . New	Mkt.	YES NO	0 Se I	P.O.	-Ijamsvi	lle-Md.	21754
1	4. F		irst	Middle	Last	IS. 1	NOTHER'S MA	IDEN NAME F			Middle		Last
1			Samuel	. T.	Hall			1	Alice	3		She	ets
1	6 a.	WAS DECEASED EVER	N U.S. ARME	D FORCES?	16b. SOCIAL SECURITY	NO. 17. INF	ORMANT				Address	217	5)1
ı	Yı	es no, ar unknawn) 1es	(If yes give wa	r or dates of service)	215-36-68	98A Mrs	. Lilk	ourn H.	. Hal	1]	P.OIja	msville	. Md.
F					ine far (a), (b), and (c).			IL V				APPRO	OXIMATE INTERVAL
1		PART I. DEATH V	VAS CAUSED	BY:	CEREBRA		MAOSIS	3					N ONSET AND DEATH
1		1/330	IMMEDIAT	E CAUSE (a)		L CHEC	N ()0 31 .	,				7-	5 Clery
1		Canditians, if any, w	hich gave)		AS A CONSEQUENCE OF	Λ.	1-21.					Lin	L ANS
1		rise ta immediate c	ause (a), ((b)	GENERAL	17 CO 17	RTERIC	SCLERO	0515			10	412
Г		stating the underlyi	ng cause		AS A CONSEQUENCE OF								
Г		_	,	(c)	UTING TO DEATH BUT N	OT DELAYED TO 1	TE TERMINIA	DISTACT OR	CONDITION	LOWEN	IN DARK 1/ 1		
L				_		OF RELATED TO I	HE TERMINAL	L DISEASE OK	CONDITION	GIVEN	IN PART I(a)		
L	S	332 X DIAR		MELLI			1		- I-	-01 15 1	TO LUTTE SIND IN CO.	callaterare in	
	CERTIFICATION	19a. DATE OF OPERATION)N 19b. C	ONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20a. AUTO		- 0		'ES, WERE FINDINGS OF DEATH?	CONSIDERED IN	CERTIFYING
	RTIF						YES 🗌	NO X					
		21a. ACCIDENT WAS			OF INJURY Manth Day Year		INJURY OCC	URRED (Enter	er nature a	of injury	in Part 1 ar Part 2	2, Item 1B.)	
1	MEDICAL	(If either, natify med		er) P.M.	11	9							
Г	M	21d. INJURY OCCURR		PLACE OF INJURY	(AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	CTORY,) 21f. LOCA	TION Street	t ar R.F.D. Na	1.	City a	r Tawn	Caunty	State
		While Nat while at wark			, orrital bottom, cre.					^			
1		22a. I certify the	ot (1) (this	hospital) off	tended the deceose	ed from	July	, 19	196 to	a du	ine 24,1	9 68, the	at(1) (we) last
ł	7	sow the de-	ceased ali	ve on Jun	24	9 68, ond	hat in (m)) (aur) api	inian de	eath ac	curred on the	date and hav	ir and fram the
Ł			ed obove,	(I) (we) (did)	(did not) view the	body offer de	oth.						
1	Н	22b. SIGNATURE	00	00	D	A 10	ATTENDIN	IG IS N	MED. DIRECTOR			une 25-	7068
Ł			ula	d C.	Keynold	MALDEGREE	PHYS.	L-ŒJ D	DIRECTOR		STAFF PHYS. J	tule 25-	7300
1		22d. PHYSICIAN'S NAME (Type)	Dr.	Richard	C. Reynol	ds	22e. ADDI		House	A 77	eFrede	miols M	A 27 707
								7 OTT 1				I ICK - M	
2	3a.	BURIAL, CREMATION,	23b. D.			CEMETERY OR CI					(City ar Tawn)	(Caunty)	(State)
L		REMOVAL (Specify)	1	e 27-19		ivet Ce	metery	T		Fre	derick,		01
12	24.	FUNERAL DIRECTOR TO M.R. Etch	levoo	Sonti	ADDRESS	Whitmo ick, Md	2770	2Sa. REC'D B	REGISTR	RAR	2Sb. REGISTRAR	R'S SIGNATURE	4.0
		THE STREET	POOTI C	DOLL	T.Ledel.	TOW MICH	· C 1 / U	- nated L. IY	20	שסטו	DI Kula	reas long	202

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, crematian, or remayal, and

and completely filled in by the uneral is remove carban papers. Pages I and 2 may papers, within 72 hours after death.

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician ond completely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death.

VR A 15

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificote be executed within 24 how Page 4 may be retained by the hospitol or attending physician.

death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08458 CEPTIFICATE OF DEATH

00204		CENTITICA	IL OI DEATH			
1. DECEASED-NAME Firs (Type or print)	Middle Middle		Lost	2o. DATE OF DEATH Month	Doy Yeor	2b. HOUR
Char	les Cremwell	Ha rı	ris.Sr		1 1968	5:30
. SEX	4. RACE		. DATE OF BIRTH	6. AGE (In years		IF UNDER 24 HRS.
Male	Negro		6-24-1913	lost birthdoy)		HOURS MIN.
a. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH		17 (1)
auntry)	U.S.A.	WIDOWED	DIVORCED	Frederick		М
D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not	in hospitol 12o. USU	AL OCCUPATION (Kind of work don	e 12b, KIND OF B	
	give street oddress)	Doo	during m	ost of working life, even if retired	.) INDUSTRY	
dams town	Mt.Ephria osed lived, if institution: Residence before			IMITS? 13e. STREET AND NUMBER		
odmission) STATE					Adamsto	wn, Ma
Md FATHER'S NAME 5:	Middle Los	1 dk Adai	ms cown —	A RE Parkm	ills Rd	Lost
14. FATHER'S NAME First			MOTHER'S MAIDEN NAME I		0.4	
James	Richard Harr		Bert:		Stever	13 on
160. WAS DECEASED EVER IN U.S. A Yes, no. or unknown) 1 (If yes give	e war ar dates of service)	CONTRACTOR OF STREET	ORMANT	Address		
No	**** 218-07	-5428 M	ary C. Ha	rris Rt 1 Ada	mstown, l	VICE ATE INTERVAL
	only one couse per line for (o), (b), ond	(c).)	1	1 21		SET AND DEATH
PART 1. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	sclerol	ic hunt.	disease well	2 -8 m	0
4109	DUE TO, OR AS A CONSEQUENCE	OF	acuto me	gocardial inform	two- Sud	den
Conditions, if ony, which gove	e) /L)				114	
rise to immediate couse (a)		OF				
stoting the underlying couse	(c)					
PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
4211	onemons commente serving se	THO KEDIED TO	THE TERMINAL DISDISE ON			
190. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	DEDEUDMEN	20o. AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN CER	TIEYING
S 170. DATE OF OFERATION 17	b. CONDITION FOR WHICH OF EXAMON WA.	PERIORMED		CALISES OF DEATH?	3 CONSIDERED IN CER	CIII TINO
210. ACCIDENT WAS UNDERLY	VINC TON TIME OF INVIDE	To: How	YES NO		0 1: 303	
			N INJURY OCCURRED (Ente	r noture of injury in Port 1 or Port	2, Item 18.)	
(If either, notify medical exor	miner) P.M.	19				
- I ZIU. INJUK! OCCURRED ZI	e. PLACE OF INJURY (AT HOME, FARM, STREET	, FACTORY,) 21f. LOCA	ATION Street or R.F.D. No	. City or Town	County	Stote
While Not while of work						
22a. I certify that (1) (this haspital) attended the dece	ased fram	7-16-,191	55, to 6-11-	19 <u>63</u> , that	(I) (we) las
saw the deceosed	alive an 5- 16	_19_68, ond	that in (my) (aur) ap	inion death occurred on the	date and hour o	nd from th
	ve, (I) (we) (did) (did nat) view t	he bady after de	eatn.	1.0	O DATE CIONED	
22b. SIGNATURE	2 200 7	, ,		MED. STAFF	2c. DATE SIGNED	
- Nex	Il I wante	DEGREE	11113	DIRECTOR L PHYS. L		771
22d. PHYSICIAN'S NAME (Type)	n D Montin		22e. ADDRESS	N N N N N N	77 3 3/4	
, Ne	x R. Martin			N.Market St,		
		OF CEMETERY OR CI		23d. LOCATION (City or Town)	(County)	(Stote)
		uls Chu			ederick	Md
24. FUNERAL DIRECTOR	ADDR			10.00	AR'S SIGNATURE	
C.E. Hicks, 11	l Frederick, Ma	aryland	DATE JU	N 17 1988 XC	cores you	The same of

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to the state of the companies and the latter than the companies of the com

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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aurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbat shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any event, wi

VR A15 (4)

CERTIFICATE OF DEATH

	ECEASED-NAME First Type or print)	annet	Middle	11-	Lost	2.44	2o. DATE O	Month Doy		2b. HOUR 8:00 M
3. SI		garet 4. RACE	Downey	HO	S. DATE OF B	IDTU	June	6. AGE (In years	1968 IF UNDER 1 YEAR	IF UNDER 24 HRS.
3. 31	Female		nite			11 24-1		lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN.
7o.	BIRTHPLACE (Stote or foreign ntry) Md•	7b. CITIZEN OF W		8. MARRIE WIDOWE	D NEVER MA	RCED		lerick		Md
	TITY OR TOWN OF DEATH Frederick	give	IAME OF HOSPITAL OR street oddress) Frederick	Wem.	Hospita	during m		N (Kind of work done g life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
13o. odm	USUAL RESIDENCE (Where deceos ission) STATE Md.	ed lived, if institu 13b. COUNTY	tion: Residence before Frederic	e 13c. CITY	OR TOWN	13d. INSIDE CITY LI	13e. S	TREET AND NUMBER		
14.	FATHER'S NAME First	Middle	Lost		IS. MOTHER'S M	AIDEN NAME F	First	Middle		Lost
	Howard	Han:	ford Ho	okins	Mar	garet			Downe	V
	. WAS DECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give w	MED FORCES? rar or dates of service)	16b. SOCIAL SECURIT		Robert	M. Hopk	ins-13	Address Malvern	1. 2120	4
	18. CAUSE OF DEATH (Enter on	ly one couse per l) BY: tTE CAUSE (o)	ine for (o), (b), and	(c).)	Thron	/				IMATE INTERVAL ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT COM	(b) DUE TO, OR (c)	AS A CONSEQUENCE OF AS A C	OF .					reco	7
NO	4221 7		- pnen r							
CERTIFICATION	196. DATE OF OPERATION 196.	CONDITION FOR W	HICH OPERATION WAS	PERFORMED	20o. AUT		CALIC	IF YES, WERE FINDINGS C ES OF DEATH?	ONSIDERED IN (ERTIFYING
MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M.	Month Doy Ye	21c. or 19	HOW INJURY OF	CURRED (Ente	r noture of in	jury in Port 1 or Port 2,	Item 18.)	
ME	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY	(AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Stre	et or R.F.D. No	. Cit	ty or Town	County	Stote
	22a. I certify that (I) (the saw the deceased a causes stoted above	is haspital) at live an	tended the decederate (a) (did not) view th	ased from 19 3, o e bady afte	and that in (ner death.	, 19_ <u>/</u> ny) (aur) api	inion death	occurred an the do	168 , that te and hour	t_(I) (we) las and fram the
	22b. SIGNATURE	Gearne	Ish.	7	EGREE PHYS.	NG 🛣 N	MED.	22c.	DATE SIGNED ne 7-19	
	22d. PHYSICIAN'S NAME (Type) Dr. J	. Austi	n Pearre-	Sr.	22e. AD 4 E		h St	Frederick	-Md. 21	701
	FUNERAL DIRECTOR Eleve	ne 8-1968	B Cent	ral Ce	or crematory metery tmore		Nr. N BY REGISTRAR		SIGNATURE	(Stote)
	M. R. Etchisc		Freder	ick 15	1 21701	1 HII	NI TA	1900 Villa	relas Va	del :

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Ma. Proceedek jew orket k

Howard Homore Howkins Jarentet

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ing A. Wontin Perre-r. u. M. Church St. - Francis Live et 21701

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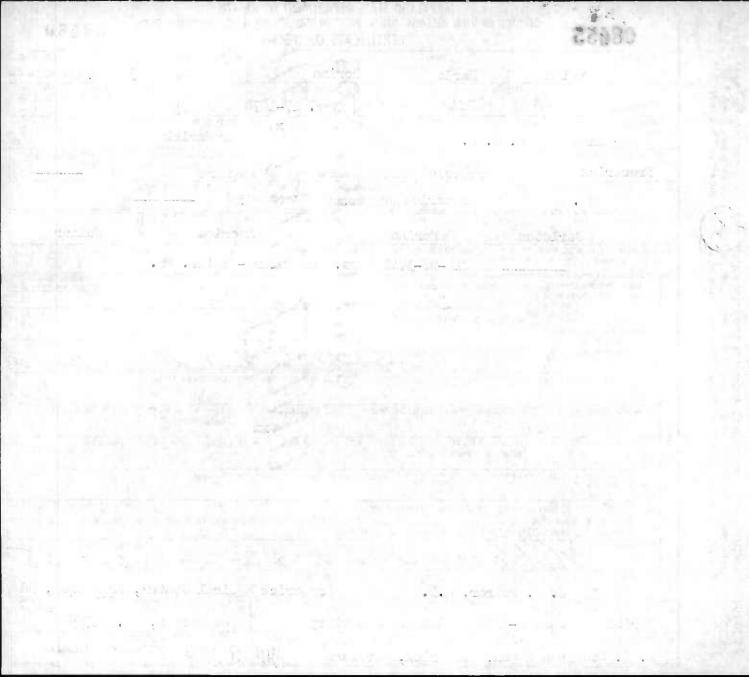
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When the state of the state of



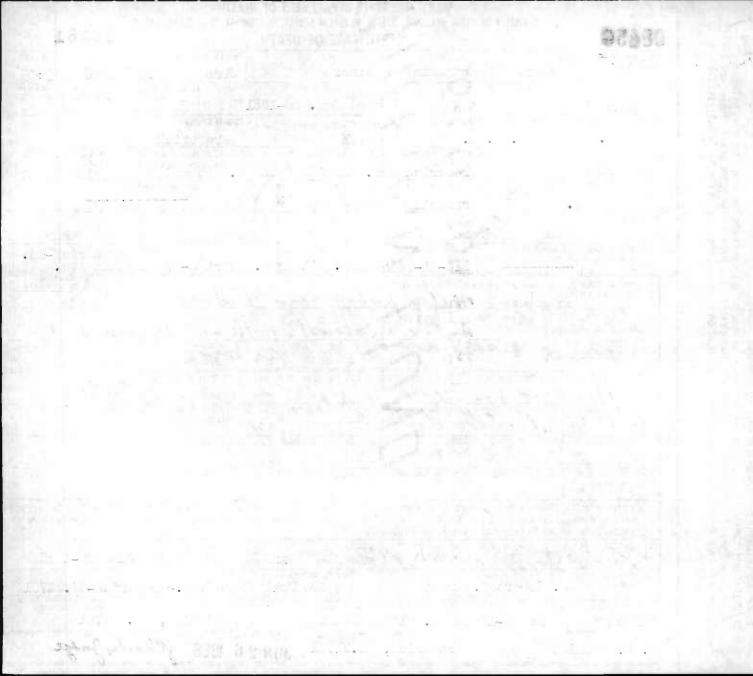
by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Fegss 1 and 2 paged to be siled with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

400	08456				CERTIFIC	ATE OF	DEATH	, , , , , , ,		084	61	
	ECEASED-NAME Type or print)	First		Middle		Lost		2o. DATE OF D	Month O1 Do	Vac-	2b. H	IOUR
,	Type or prim)	Edwar	rd	Benjamin	101	nes		June	Month 24 Do	1960		05 M
3. S	EX	4	I. RACE			S. DATE OF BI			6. AGE (In years	MONTHS DA		24 HRS. MIN.
	Male		Wh	ite		Oct.	26-1881		last birthdoy) YRS.	MONITO DA	10000	
	BIRTHPLACE (Stote or fo	reign 7b.	CITIZEN OF WH	AT COUNTRY?	8. MARRIED	NEVER MAR	RIED 9	COUNTY OF I	HTAS			
	Md.		U.S.		WIDOWED	the contract of the contract o	CED 🔲	Fred	erick	4.4		Md.
10.	CITY OR TOWN OF DEATH	1	11. NA	ME OF HOSPITAL OR IN treet oddress)	STITUTION (If n	ot in hospitol			Kind of work done fe, even if retired.)	12b. KIND INDUSTRY	OF BUSINESS	OR
	Frederick		give s	Frederick			LSup	t. Ret	ired	Bric	k Work	CS_
	. USUAL RESIDENCE (When ission) STATE		ived, if instituti 13b. COUNTY	on: Residence before	13c. CITY OR		13d. INSIDE CITY LIMI		EET AND NUMBER			
	M	1.	130. COUNT	Frederick	Bucker	ystown	YES NO					
14.	FATHER'S NAME Fir	-	Middle	Lost	15	S. MOTHER'S MA	IDEN NAME Fire	it	Middle		Lost	
	e	lames	Edw		nes	A LUC	I	aura		B	aker	- 3
	Yes, aq, or unknown)	U.S. ARMED	FORCES?	16b. SOCIAL SECURITY		NFORMANT			Address	Freder		d.
	No			216-01-78	364 M	rs. Wil	bur F.	McBrid	9-47 Hami	lton A		
	18. CAUSE OF DEATH			ne for (o), (b), ond (c))			C 1			OXIMATE INTERV N ONSET AND O	
М	PART I. DEATH W	IMMEDIATE (HOULE	pul	mon 3	44 1	de	na	- /	tour	P
	182 X		DUE TO, OR A	S A CONSEQUENCE OF		1	-	10-	+ 0	1	1	
	Conditions, if ony, wh	ich gove)	(b)	HYTER	1920	lenol	1 c (Teat	TPISE	35- /	e ar	2
	stating the underlyin		DUE TO, OR A	S A CONSEQUENCE OF		- C	0	Tat				
	lost.)	(c)	Cora	nom	2 01						
z	PART 2. OTHER SIGNIF	ICANT CONDITI	ONS CONTRIBU	TING TO DEATH BUT N	OT RELATED TO	THE TERMINAL	DISEASE OR CO	NDITION GIVEN	IN PART I(0)	teste	0	
CERTIFICATION	190. DATE OF OPERATION	N 196. CON	DITION FOR WH	ICHOPERATION WAS PE	Creek	206. AUTO			YES, WERE FINDINGS OF DEATH?	CONSIDERED II	CERTIFYING	
ERTIF	210. ACCIDENT WAS U	INDERLYING	TOUR TIME OF	002	Jan III	YES _	NO X			1. 10.		
MEDICAL C		AUSE OF DEATH	HOUR A.M. P.M.	Month Doy Yeor		OW INJURY OCC	UKKED (Enter i	noture of injury	in Port 1 or Port 2,	, Ifem 18.)		
ME	21d. INJURY OCCURRE While Not while at work of work	D 21e. PLA	CE OF INJURY	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY,) 21f. LC	OCATION Stree	t or R.F.D. No.	City o	or Town	County	St	tote
	22o. I certify tho	t (I) (this h	ospital) a tte	ended the deceos	ed from_	6/2/		S, to	6/20,10	oto and ha	ot (I) (we	e) lost
	couses state	d obove, (I)	(we) (did)	(did not) view the	body ofter	deoth.	y) (am) a pini	ion deom of	Lean on the u	ore ond no	or ond no	III III E
X	22b. SIGNATURE	ect	26	rough,	MRG	ATTENDIN REE PHYS.	G DIR	D. ECTOR		nate signed une 25.	1968	
	22d. PHYSICIAN'S NAME (Type)	Dr. Ro	bert D	. Crouch	de.	22e. ADD	RESS		veFrede	rick-Me	1.2170)]_
220	. BURIAL, CREMATION,	23b. DATE		23c. NAME OF	CEMETERY OR				(City or Town)	(County)	(Stote)	
	REMOVAL (Specify)		26-19	68 Mt. O.	Livet (Cemeter		Frede	rick, Md.	21701	(31016)	
24.	M. R. Etch	lwoor	Son	Frederic	7,1	21701	DATUN 2	REGISTRAR 6 1968	25b. REGISTRAR	S SIGNATURE	ye	

VR AT5 (4) 30M REV. 1/68



08457

noy delay is 7, 2, and 3 ta rm rm3 Rage

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Exominer's Office alang with to This certificate shauld be executed within 24 haurs after death SICAL EXAMINER: 5 moy be retained far yaur files. TO DEPUTY

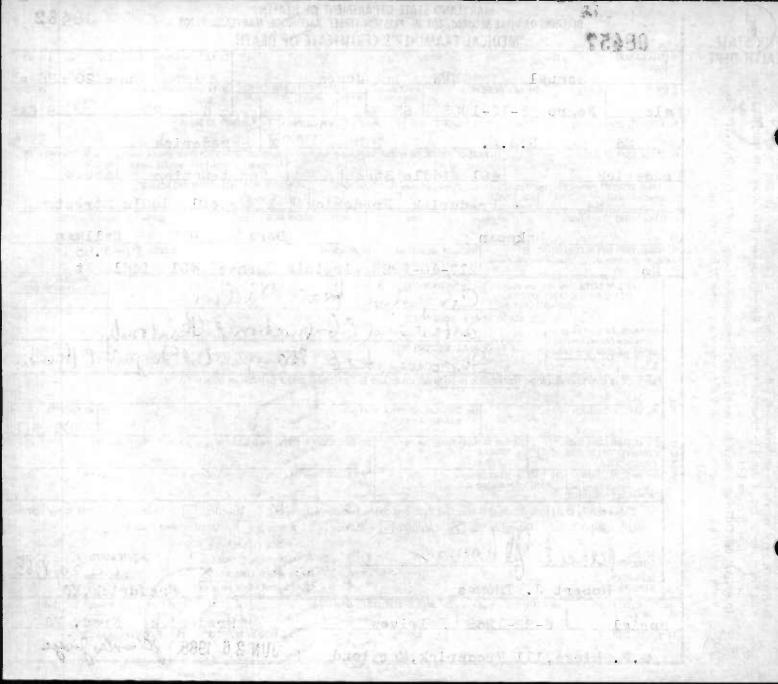
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08462

	00211											
	ASED-NAME e ar Print)	First		Middle	3)	Lost			. 2o. DATE KNOWN[OF ESTI-	Month	Day Yeor	2b. HOUR
, ,,		Samue	1	NWN	Jor	88			DEATH MATED	Jur	e 20196	86 8
3. SEX	4	RACE	S. DATE OF BIRT			DER 1 YEAR	IF UNDER S	24 HRS	2c. DATE PRONOUN			2d. HOUR
				lost b	irthday) MONTHS	DAYS	HOURS	MIN.	Manth	Day	Year	
Wal	e]	Negro	5-15-	1905 63	yrs.				6	20	19 6	8 GAA
	THPLACE (Stote or	foreign 7	b. CITIZEN OF WHA	T COUNTRY?	MARRIED _	NEVER MAI	RRIED 🗌	9. COU	NTY OF DEATH			
cauntry)			U.S.A.	0.00	WIDOWED	DIVO	RCED TY	177	rederic	1-		M
n CITY	OR TOWN OF DE	ATH		ME OF HOSPITAL OR INS					CUPATION (Kind of		12b. KIND OF BUS	
U. C111	OK TOWN OF DE	AIII		reet oddress)	monon (n na	iii iiaspiiai			working life, even		INDUSTRY	7114E33 OK
re	derick			l Middle	Street		C	ons	tructio		*****	5.55
13o. US	SUAL RESIDENCE (Where deceose	ed lived, if instituti	ian: Residence before	13c. CITY OR TOW	/N 13	d. INSIDE CITY L	LIMITS?	13e. STREET AND N	JMBER		
odmi	issian) STATE		13b. COUNTY	ederick	Erede	من ماء	YES TO N	10	407 M4	4416	Street	
A FATI	IFDIC MANE		14: 4:11-	EGET-TEK I			DENI MANAE	Final				
4. FAIR	HER'S NAME	First	Middle	Lost	15. MO	THER'S MAI	UEN NAME	First		Middle	las	il.
		1	Unknown				Dor	22	NMN]	Hallman	
60. WA	S DECEASED EVER I	N U.S. ARMED F	ORCES?	16b. SOCIAL SECURITY NO). 17. INFOR	MANT			ADD	RESS F 70	ed.Md	
	na, or unknawn)	(If yes give v	var or dates of service)	ח חר מנס	DOO WA		D.				le St	
N	0			217-10-9	350 AT	gin	Lat. Da	rne	S 4UL	WITOO.		C MITCHIA)
1	B. CAUSE OF DE.	ATH (Enter only	y one cause per line	e for (a), (b), and (c).)	- 1		2+		0		APPROXIMATI BETWEEN ONSET	T AND DEATH
	PART I. DEAT	H WAS CAUSED		Conges	Karre 1	bear	VA	au	line			
	552	IMMEDIA	TE CAUSE (a)	S A CONSEQUENCE OF		0			0	1 .	0	
	onditions, if any,	mark and a	DOE TO, OF	A CONSEQUENCE OF	08	()_f			£ (10°	1	t.	
	ise ta immediate		(b)	andere	na o	asli	MO.	LAR	1 000	JTW	Uh	
	toting the under		DUE TO, OR	AS A CONSEQUENCE OF		/ 8	1		1+15		1016	1
	ist.)	2	the a soo	intel.	E >	2000	94	laced o	v9/w	may re	wee.
DA	DT 2 OTHER CICA	HEICANT CONDI	TIONE CONTRIBUTION	IG TO DEATH BUT NOT	DELATED TO THE	CDMINAL D	ICTACE OD C	ONDITIO	AL CHUTALIAL DADT 1/	-		
PA	IKI Z. UIHEK SIGN	IIFICANT CONDI	HONS CONTRIBUTION	IG TO DEATH BUT NOT	KELAIED IO INE I	IEKMINAL D	ISEASE UK (UNDITIO	N GIVEN IN PAKT IL	1)		
Z S	06/0											
₹ 19	O. DATE OF OPER	ATION		19b. CONDITION FOR W	HICH OPERATION						20. AUTOPS	Y?
至				WAS PERFORMED?							YES X	NO 🗆
MEDICAL CERTIFICATION	a. EXTERNAL CAU	SE WAS	216 TIME OF I	NJURY Month, Doy, Yeor	21c HOW	INTERPT OF	CHIPPED (Fo	ter natur	re of injury in Part	or Part 2 b		
P	RIMARY OR CO				210.11011	INJUNI OC	CORKED (LII	nei naioi	e or injury in run	OF FUIT 2, II	1611 10.7	
8	CAUSE OF DEATH		P.M	. 19								
₹ 21	d. INJURY OCCUR			home, form, street,	21f. LOCA1	ION Street	or R.F.D. Na.		City ar Tawn		Caunty	Stote
	WHILE NOT W		tory, office building	, etc.)	2.1							
-	AT WORK L AT WO											
	22o. I cer	tify that I to	iak charge af th	e remains describe	d above, held	an Auto	psy 🔨	Ins	pection,	Inquiry	, ond in m	ny opinion
	death result	ted fram:	Natural cause	s Accident	. Suicio	le 🗍	Hamicid	е	Undetermine	d manner		
		0 1	CH	4								
	ACTUAL A	1 . 1	MIL	March	G Links		F MEDICAL			001 245		
	SIGNATURE	New	MI W	TWOVY		- M. D.	ISTANT MED			236 DATE	SIGNED	10/6
	EXAMINER'S		V			DEP	UTY MEDICA	L EXAMI	NER 🔀	Jh.	me 20,	1968
	NAME (Type)Ro	hert	J. Thom	2.5		ADD	RESS(Street	, city, to	wn, or county) The	ed ex	ick . Md	
	URIAL, CREMATION		- T		EMETERY OR CRE				LOCATION (City or	7 17 17		State)
	EMOVAL (Specify)					MAIVAI					, ,,	,
Bu	risl	6	-22 - 196				- 1		rederic			/ld
24. FU	INERAL DIRECTOR			ADDRES	SS		2So. REC'I	-		REGISTRAR'S	SIGNATURE	
	0 T) T	r.* . 1	777 77 -	derick M		2	DATE JU	N 2	6 1968	your	rees your	pe
	EL H	1000	1 1 1 11 11 12	CAPICK. W	BE I'V I BE I'I		- VIII	24		11		/



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS,

38463

Md.

	301	W.	LKESTO	IN STREET	, DAL	HHOKL
í	CED	TIE	ICATE	OF DE	ATH	

00899			CERTIFIC	ATE OF	DEATH			001	
1. DECEASED-NAME First		Middle		Last	20	DATE OF DEATH	d 6	v	2b. HOUR
(Type or print) Char]	Les E	dward	K	eefer	, Sr.	Jun	e Doy	196	81 a.
3. SEX	4. RACE			S. DATE OF	BIRTH	6. AGI	(In years birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
Male	White	9		July :	22, 1898	1051	YRS.	MUNITS DATS	HOOKS MIN
7a. BIRTHPLACE (State ar fareign	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED	NEVER M	ARRIED 9. CO	UNTY OF DEATH			14.
(ountry) Maryland	U. S. A.		WIDOWED		ORCED I	rederic	k		N
10. CITY OR TOWN OF DEATH	11. NAME C	F HOSPITAL OR IN	STITUTION (If n	ot in hospitol	120. USUAL OCC	CUPATION (Kind	of work done	12b. KIND OF	BUSINESS OR
Frederick	l'rede	erick Me	morial	. Hosp	ital ring mast of	working life, ev	en if refired.)	Watchm	an
13a. USUAL RESIDENCE (Where decease			13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AN	ID NUMBER	- FA	
admission) STATE Maryland	Frederic	2	Frede	rick	YES NO	233 W.	Patric	k Stree	t
14. FATHER'S NAME First	Middle	Lost	15	. MOTHER'S	MAIDEN NAME First		Middle		Last
James	R.	Keefe	r		Emma		Mae	Stal	lings
160. WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b.	SOCIAL SECURITY I	the second second	NFORMANT			Address	derick,	Md.
Yey na or unknawn) (If yes give v	1921 2	17 10 91	108 Mr	s. El	izabeth Ke	efer,23	3W. Pat	rick ot	
18. CAUSE OF DEATH (Enter on								BETWEEN O	MATE INTERVAL INSET AND OFATH
PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Me	essive	Gastr	ic H	emorrhag	e with	shock	3 ho	ours
531,9	DUE TO, OR AS A								
Conditions, if ony, which gave		hronic	Gast	ric	Ulcer			20 V	ears
rise to immediate couse (a), stating the underlying cause	(")								
last. 5400	(c)								
PART 2. OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR CONDIT	TION GIVEN IN PA	RT 1(a)		
Chronic Br	onchial A	sthma	with	seve	re emphy	seme &	Cor P	lmone	le
19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PE	RFORMED	20o. AU		20b. IF YES, W	ERE FINDINGS CO	ONSIDERED IN CE	ERTIFYING
190. DATE OF OPERATION 19b.				YES [□ NO □	CAUSES OF DE	ATH?		
210. ACCIDENT WAS UNDERLYIN				OW INJURY C	CCURRED (Enter natu	re af injury in Pa	art 1 or Port 2, It	tem 18.)	
OR CONTRIBUTING CAUSE OF OEA		onth Day Year							
	. PLACE OF INJURY (AT HO			OCATION Str	reet or R.F.D. Na.	City ar Tow	'n	County	State
While Not while at wark	, \ OFFIC	E BUILDING, ETC.	/						
22a certify that (1) (2)	(A Maria) attende	d the decease	ed from_3	965	. 19	ta 6/6	68 . 19	, that	(I) (VIX)
22a. I certify that (I) (A saw the deceased a	live an 6/6/8	8	9, an	d that in (my) iom popinian	death accurr	ed an the dat	e ond hour	and from th
causes stated above	e, (I) (Assac) (did) (bitch	na) view the	body after	death.					
22b. SIGNATURE	11.	- (\bigcirc	ATTENI	DING MED.	STAF		ATE SIGNED	0/0
1011	leate	Les ~	DEGI	REE PHYS.	DIRECT	OR LJ PHYS		ne 6, 1	
22d. PHYSICIAN'S NAME (Type) Gilei	n F. Mead	lors, M	I.D.	81	ORETOLL H	ouse A	ve. Fr	ederic	k, Md
23o. BURIAL, CREMATION, 23b.	DATE	23c. NAME OF	CEMETERY OR	CREMATORY	23d	I. LOCATION (City	ar Tawn)	(Caunty)	(State)
	ne 8, 1968	Mount C			ery F	rederic	,	erick	Md.
24. FUNERAL DIRECTOR	all ?	ADDRESS	Fade	elen,		SISTRAR 2S	b. REGISTRAR'S		
M. R. Etchiso	on & Son, Fr	rederick	, Mary	land	DATE JUN	7 1968	Ochan	nlen Yan	A Comment

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please-tempore carban papers. Pages shauld be filed with the State Dept. af Health priar to burial, crematian, ar remaval, and in age, event, within 72 hours. Page 4 may be retained by the haspital ar attending physician.

VR 30M REVA

hardane da district a far o militare de district mayor & woods days engrammed oldrend syrassk menic of en en cinamia 2 1 B 8 1 13 elemonist not a amenyshma was an claim another feld mond plasma; = - > 7

The state of the s

stating the underlying cause

CAUSES OF DEATH?

21b. TIME OF INJURY

6/10

causes stated abave, (1) (we) (did) (did nat) view the bady after death.

(AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

YES

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)

Manth Day Year HOUR A.M.

NO X

City or Town

State

21d. INJURY OCCURRED

22b. SIGNATURE.

22d. PHYSICIAN'S NAME (Type)

23a. BURIAL, CREMATION REMOVAL (Specify)

While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased fram. 5743, 1968, ta saw the deceased alive an-

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(If either, notify medical examiner)

Dr. A. Talbot Brice

21e. PLACE OF INJURY

23c. NAME OF CEMETERY OR CREMATORY

PHYS. 22e. ADDRESS Jefferson, Md. 21755

ATTENDING

DIRECTOR

23d. LOCATION (City or Town)

22c. DATE SIGNED June 14-1968

County

(County)

_19 68 and that in (my) (aur) apinian death accurred an the date and have and from the

O FUNERAL DIRECTOR: After this certificate hos been director, poge 3 should be filed v VR A15 (4) 30M REV. 1/68

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> carbon W.

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cremation, or removal,

guo

phy

the

signed by the burial-transit p

detached for use as the te Dept. of Health prior to

executed within

requires that the deoth certific

by the haspitol or attending physician.

O HOSPITAL OR ATTEND Page 4 moy be retoined

3. SEX

country)

Male

24. FUNERAL DIRECTOR Etchison &

23b. DATE

June

18-1968

Union Cemetery ADDRESS Whitmore Frederick, Md.

DEGREE

2So. REC'D BY REGISTRAR 1968

Burkittsville- Md. 21718 2Sb. REGISTRAR'S SIGNATURE

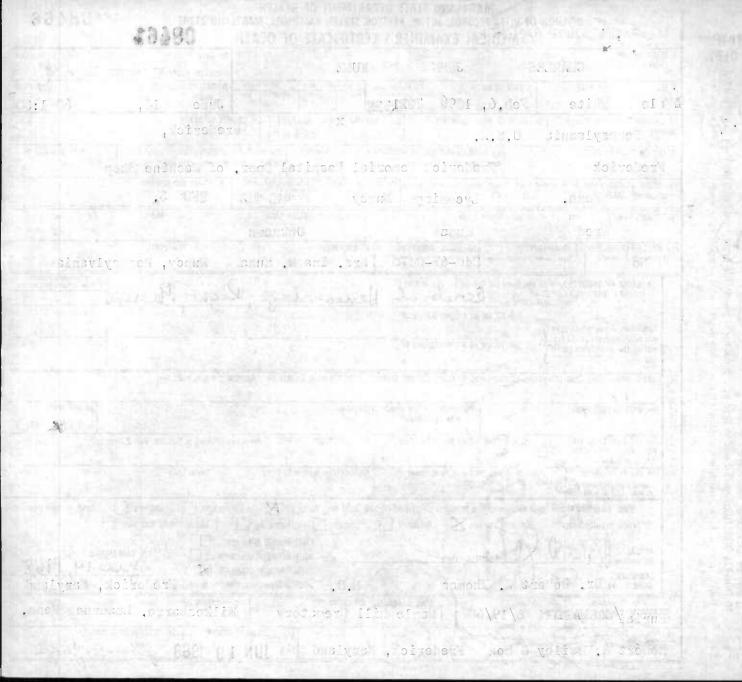
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08465 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME First 24 haurs after death (Type or print) MARY KRAMER. 4. RACE S. DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years 3. SEX last birthday) WHITE 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Frederick WIDOWED DIVORCED [C HECY? U 50 etely filled 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12h KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired.) INDUSTRY Church Street Frederick 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before requires that the death certificate be executed 19 East Church Street odmission) STATE YES - NO Frederick Middle 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Lost gud CHOBOCKY OSPHINE GNATZ please 160 WAS DECEASED EVER IN ILS ARMED FORCES? 17. INFORMANT (If yes give war ar dates of service) Yes, no, ar unknown) SAME MRS ANNH K APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) far use as the k f Health priar ta b O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔲 NO.X 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from Affirm 1960, ta_ saw the deceased alive an Jessel 3 1921, and that in (my) (aur) opinian death occurred on the date and hour and fram the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING June 3,1968 director, page 3 shauld be filed v DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S B. O. Thomas, Jr. M. 228 N. Market Street, Frederick, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23a. BURIAL, CREMATION, REMOVAL (Sprify) 9610 Resolution

1883 ht

Frederick, Maryland

DATE .IIN

VR A15ME (5) 10M REV. 1/68



TO DEPUTY

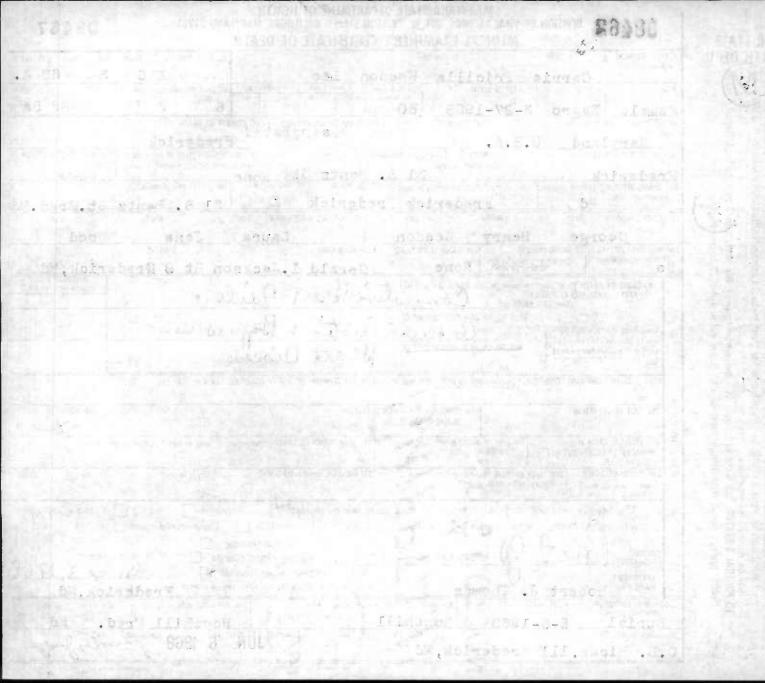
VR A15ME (3) 10M REV. 1 68

MARYLAND STATE DEPARTMENT OF HEALTH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08467

		MEDICAL	FVAIIIIITE	IL 2 CF	IVIIII I CAIL	OI PLA	111				
1. DECEASED-NAME (Type or Print)	First		Middle		Last			OWN X Manth	Doy	Yeor	2b. HOUR
(Tipo or Timi)	Carrie	Prici	lla We	edor	1 Lee		DEATH MA	TED X 6	3	19 6	BAM
3. SEX	4. RACE	S. DATE OF BIRTH		E (In years	IF UNDER 1 YEAR	IF UNDER 24 H	IRS 2c. DATE PRO	NOUNCED DEAD		A	2d. HOUR
Female	Negro	3-27-19		birthday) YRS.	MONTHS DAYS	HOURS	Manth 6 Manth	3 Day	Year	1968	5 . M
o. BIRTHPLACE (Stat	e or foreign 7	D. CITIZEN OF WHAT C			RIED NEVER M	APPIED 7	COUNTY OF DEATH			17.00	
country)					WED S ST	ORCED					
Mary		U.S.A.	OF HOSPITAL OR I				Frede J		Tion VINE	D OF BUILD	Md Md
10. CITY OR TOWN O	F DEATH	give street		NOITUITIEN		during me	ast of warking life.		INDUSTRY	D OF BUSI Y	ME22 OK
Frederi		<u> </u>	31			T Nor	26		36-36	***	
13a. USUAL RESIDEN odmission) STATE		d lived, if institution:	: Residence before	13c. CITY		13d. INSIDE CITY LIMIT	THE STREET H	ND NUMBER			
odmission) STATE	Md	13b. COUNTY Fre	derick	Fre	derick	YES 🔣 NO [31 S	Bentz	St.	Fre	d.Md
14. FATHER'S NAME	First	Middle	Last	The second	15. MOTHER'S M	AIDEN NAME	First	Middle		Last	
Ge	orge	Henry	Weedo	n		Laur	a Jan	20	Woo	bo	
6g. WAS DECEASED EN	VER IN U.S. ARMED FO	RCES? 16b	SOCIAL SECURITY		7. INFORMANT			ADDRESS		-	
Yes, na, ar unknav	WIT) (If yes give we	or or dates of service)	lone	1	5 Ferra	T Jeel	kson Rt	8 Bred	lanic	ole W	6
					A DIVITO	1 00 00	La off III	O BILGO	AP	PPROXIMATE	INTERVAL
PART I.	DEATH (Enter dnly	ane cause per line for BY:			a Lega	TI	. 0		BETW	WEEN ONSET	AND DEATH
-1112	IMMEDIAT	E CAUSE (o)	ionge	2004	(10 001	1 /0	ma				
4/2	0	DUE TO, OR AS	CONSEQUENCE O	1	+:	. []	A. A.				
	any, which gave)	(b)	interio	och	erous	r Vory	merom	2007			
	nderlying couse	DUE TO, OR AS	CONSEQUENCE O	F 11	ent	1.			5 - 12		
lost.)	(c)		lo	, coll	moe	معو		0 7		
PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTING 1	TO DEATH BUT NO	T RELATED T	TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PA	RT 1(o)			
- 420	.0	0710	1000								
19a. DATE OF C	PERATION	196	. CONDITION FOR	WHICH OPER	RATION				20.	AUTOPSY	?
FICA			WAS PERFORMED	?					-	YES TO	NO 🗆
21a. EXTERNAL	CAUSE WAS	21b. TIME OF INJU	RY Manth, Day, Yes	or 21	Ic. HOW INJURY (CCURRED (Enter	nature of injury in	Part 1 or Part 2 1		([]	
	R CONTRIBUTING	HOUR A.M.			tt nott mookt t	econnes (emer	natore of injury in	dir i oi rair z, i	10.11		
PRIMARY OC CAUSE OF DEAT		P.M.	19	0.3	I LOCATION Char	A D C D N	C'1 - 7		County		Chin
TIO. HISORY OF		ACE OF INJURY (At ho ory, office building, et	ime, torm, street,	21	1f. LOCATION Stree	T OF K.P.D. NO.	City or To)Wn	County		State
AT WORK	AT WORK										26
22a. I	certify that I ta	ok chorge of the re	emains describ	ed abave	, held on Aut	apsyll,	Inspection [, Inquiry	, on	d in m	y opinion
death re	esplited from:	Natural couses	Accider	nt [Suicide ,	Hamicide	Undeterr	nined monner		3.5	
	6/0 D	-007			· ·	HEF MEDICAL EXA					
ACTUAL	11 Their	MIL	2444			SISTANT MEDICAL		22b. DATE	SIGNED		
SIGNATURE _	101100	7000	o over		m.D.	PUTY MEDICAL E		0	144 0	2 1	968
EXAMINER'S		T Um					ty, town, or county)	_ 7	000	311	700
	Robert			COMPTONIA		DKE33(Sileer, Cit			rick,		
23a. BURIAL, CREMA REMOVAL (Spec	rify)				OR CREMATORY	275 8	23d. LOCATION (Cit		(Caunty)		tate)
Burial	6-6	-1968	Hopeh					ill Fre	ed.	Md	
24. FUNERAL DIRECT		The Party	ADDR	ESS		2So. REC'D B	REGISTRAR 10	25h REGISTRAR'S	SIGNATUR	E 0.	10.
C.E. Hi	cks.111	Frederi	ick. Md			DATE	טו ט	30	Trus	Just	7



CERTIFICATE OF DEATH

125 E			CEASED-NAME	First		Middle	Last		2a. DATE OF DEATH			2b. HOUR
0 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		(1	ype or print)	Zella		E.	McBride		June Mont	th 1 Doy	1968	11:00
5 5 5		3. SE	X		4. RACE		S. DATE OF		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
the age	2 **	28	Female		White		Nov.	27, 188	2 last 8	Photosy) YRS.	MONTHS L DAYS	HOURS MIN
by P			IRTHPLACE (Stote or f		b. CITIZEN OF WHA	AT COUNTRY?	8. MARRIED NEVER /		9. COUNTY OF DEATH			
d in		Mi	ddletown,	Md.	U.S.			VORCED 🔲	Frederick			M
With the second			ITY OR TOWN OF DEA	lH	11. NA/	ME OF HOSPITAL OR INS	TITUTION (If nat in hospite	ol 12a. USUA	L OCCUPATION (Kind of	work dane	12b. KIND OF	BUSINESS OR
\$ \@ \$ \$	64		rederick				spital		st of werking life, even		INDUSTRY H	ome
equiles from the about terminate be executed physician. signed by the attending physicion and comple burial-transit permit. Then please remove a burial-transit or removal, and in any event	06	admi	USUAL RESIDENCE (WH ssion) STATE aryland		13b COUNTY Carrol	1	Ridgeville	13d. INSIDE CITY LIA YES NO	AITS? 13e. STREET AND			
ond ond rem in on		14. F		irst	Middle	Last		MAIDEN NAME FI		Middle		Lost
on o ose odir			Joh			Younkin			lizabeth		Reede	r
g physicion of the please movel, and it	34-	Y	WAS DECEASED EVER es, no, or unknown)		or dates of service)	16b. SOCIAL SECURITY N		2000		Address		
ph)			NO.			Unknown		Home Ke	cords, Boor	isboro.	Md .	MATE INTERVAL
attending permit. The			1B. CAUSE OF DEATH V	NAS CALISED I	RY.	,		16.	A Z	1	BETWEEN O	NSET AND DEATH
ine aeoin e attendin t permit. ition, or re			11120	IMMEDIATE	CAUSE (a)	Cang	-C5/7VC	Many	74 -/	in	20	2675
e at tior			Conditions, if ony, w	hich anve)	DUE TO, OR AS	A CONSEQUENCE OF	nsive con	12 1	1 Han	KD		
y th y th insit		4	rise ta immediate c	ause (a),	(b)	A CONSEQUENCE OF	nsive con	410 VES	aller man	7/3	472	
d be	3		stating the underlyi	ng cause	(c)	A SOUPEROLING OF					3701	
shys obhys igne ourio			PART 2. OTHER SIGNI	FICANT COND	TIONS CONTRIBUTI	NG TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CO	ONDITION GIVEN IN PART	1(a)		
ng l		Z	Frack	Come	1 De	Nit	zal z	nein/	> -			
tending tending as been os the prior to	307	CERTIFICATION	190. DATE OF OPERATION	ON 196. CO	NDITION FOR WHIC	H OPERATION WAS PER	RFORMED 20a. A	UTOPSY?	20b. IF YES, WER		INSIDERED IN CE	RTIFYING
ha ha	2	RTIFI	-				YES		CAUSES OF DEATI			- 1753
ol or at icote he for use Heolth	-		21a. ACCIDENT WAS OR CONTRIBUTING	UNDERLYING	21b. TIME OF HOUR A.M.	INJURY Month Day Yeor	21c. HOW INJURY	OCCURRED (Enter	nature of injury in Part	1 or Port 2, It	tem 1B.)	
spitch ed f		MEDICAL	(If either, notify med	ical examiner	r) P.M.	5 20 19	C8 /21	11 14	nutsing	hom	9	
ho ho och	1	>	21d. INJURY OCCURR While Not while			AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION S		City or Fown		County	State
te D			di wolk - Ol walk	1000	sing	Hone	Mayes 0			Just	~ III	d,
Afte Afte Sto	134		22a. I certify the			ided the decease	9 and that in	(my) (our) opin	pion death accurred	an the dat	te and hour	(I) (we) la
auld author	13		causes state	ed abave,	(I) (we) (did) (i	did nat) view the l	oady after death.	(,) () op.,	nan acam accord	an me dai	ic dila ilabi	ma train in
retained retained stands. A shauld with the			22b. SIGNATURE	2 ~	, .	n i	m D ATTEN	IDING AM	ED. STAFF	22c. D	ATE SIGNED	10
be ge ged ied			Pot	erp	56 P	Gran	DEGREE PHYS.	. DI	RECTOR PHYS.	4	14/4	-8
Poge 4 may be O FUNERAL DIR director, poge			22d. PHYSICIAN'S NAME (Type)	Rabe	XX	Pi/90	2m	Po-S	Blog	Fred	Revick	· md
Poge 4 of Funer director should	0	230.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DA			CEMETERY OR CREMATOR		23d. LOCATION (City of		(County)	(State)
5 5 5 0	K	_	FUNERAL DIRECTOR	6- 1	<u>1- 68</u>	Burket	tsville Cem		Burketts			o., Md.
VR A15 30M REV.	M			Jr.	112 N.		Boonsboro,M	2So. REC'D BY	N 6 1968	REGISTRAR'S	West Ja	dre
	10			,				T DAIL OU		0		

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mort and	all element	List fignals as	D ' M	e i e	
		(Drough)		BALL THE	
Turney and	adeduaisú	nor folia			
	rust 1. Igee Hactoria, Equipper	aganida agangingi agangida agangingi	mis College		
		au Pilong			-
	Metory Sarakites 11.	The second section is a second			

CERTIFICATE OF DEATH

1 DE	CEACED WANT	Fina	Middle		Lost	· · · · · · · · · · · · · · · · · · ·	2a. DATE O	C DEATH		2b. HO
	CEASED-NAME ype ar print)	First		Wa Van			_		7Day 1968	
		Francis	F.	McKen			June			
3. SE		4. RACE			5. DATE OF E			6. AGE (In year: last birthday)	MONTHS	YEAR IF UNDER 24 DAYS HOURS
	Male		White			21-18		177	YRS.	
7a. B	IRTHPLACE (Stote or fore try)	,	WHAT COUNTRY?	8. MARRIED [KKIEU	9. COUNTY O			
	Md.		. A.	WIDOWED		RCED 🗌		ederick		
	ITY OR TOWN OF DEATH		NAME OF HOSPITAL OR I			during me		Kind of work of		ND OF BUSINESS OF
_	rederick		Frederick					life, even if retir mechani		auto
	USUAL RESIDENCE (Where ssion) STATE	1 13b. COUNTY				13d, INSIDE CITY LI		TREET AND NUMBE 4 S. Mar		
14. F	ATHER'S NAME First	Middle	Last	15.	MOTHER'S A	AIDEN NAME F	irst	Midd	dle	Last
	Jai	nes Lev	ris McKen	zie		El	izabet	h	C	ompher
	WAS DECEASED EVER IN		16b. SOCIAL SECURITY		NFORMANT	THE PARTY				rick-Md.
Y	es, na or unknown) (11	yes give war ar dates of service)	218-34-3	685A N	Irs. H	elen S.	McKen	zie-24 S	. Marke	t St.
	18. CAUSE OF DEATH (nter only ane couse per					. [PPROXIMATE INTERVAL WEEN ONSEL-AND DEAT
	PART I. DEATH WAS	CAUSED BY:	arest	. (The	andor	1	7 1/11
	4109	IMMEDIATE CAUSE (o)	R AS A CONSEQUENCE O		Y	71	1	2		- Cong
	Conditions, if ony, which		a fall	- 0	. Ta	: ///	port	- 1) 100	14	who
	rise to immediate cau		R AS A CONSEQUENCE O	F	8	C II		4 /2 /21	2	// Sun
	stating the underlying lost.	(c)	N NO N CONSEQUENCE O	•						
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)									
.,	4201							. ,		
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION WAS I	PERFORMED	20o. AUT	OPSY?	20b.	F YES, WERE FINDI	INGS CONSIDERED	IN CERTIFYING
)FIC	A PLANT	Admir Sta			YES [NO 🔀	CAUSI	S OF DEATH?		
CERI	210. ACCIDENT WAS UN	DERLYING 21b. TIME	OF INJURY	21c. HC	W INJURY O			ury in Part 1 ar Pa	ort 2, Item 18.)	
MEDICAL	OR CONTRIBUTING CAU			19						
MED	21d. INJURY OCCURRED		Y / AT HOME, FARM, STREET, I		CATION Stre	et ar R.F.D. Na.	. Cit	y or Town	County	Stat
	While Nat while		OFFICE BUILDING, ETC.	10						
	22a. I certify that	(I) (this baseital) a	ittended the decea	sed from	me 9	196	o ta	uned	11968	that (I) (we)
	saw the deced	ised alive an	ne 2/	196 X and	that in (r	ny) (aur) api	nian death	accurred an th	he date and I	
		abave, (I) (We) (di	d) (did nat) view th	e bady after o	leath.					
2	22b. SIGNATURE	1/			ATTEND	ING - M	NED.	STAFF -	22c. DATE SIGN	
N	Her	my V.	Ma	DEGR	EE PHYS.	D P	IRECTOR L	PHYS.	June 28	1900
	22d. PHYSICIAN'S NAME (Type)	Dr. H. V.	Chase		22e. AD 80		House	AveFre	ederick,	Md.217
23o.	BURIAL, CREMATION,	23b. DATE	23c. NAME O	F CEMETERY OR	CREMATORY		23d. LOCAT	ION (City or Town)) (County	(Stote)
	REMOVAL (Specify)	July 1-190	68 St.	John's	Cemete		_	rederick	4	
24.	FUNERAL DIRECTOR M.R. Etchis	En & Son	Freder	ss This	21701	2Sq. REC'D B	Y REGISTRAP	8 2Species	TRAR'S SIGNATUR	der

director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be state Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aftig

2

VR A15 (4) V

Telin in the Constitute Land in the Land of the Land o

with)the Stote Department of

ofter deoth

Health prior to buriol, cremotion, or removal, and in ony event within 72 hours TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office-along with form PM3 Panal 5 may be retained for what files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

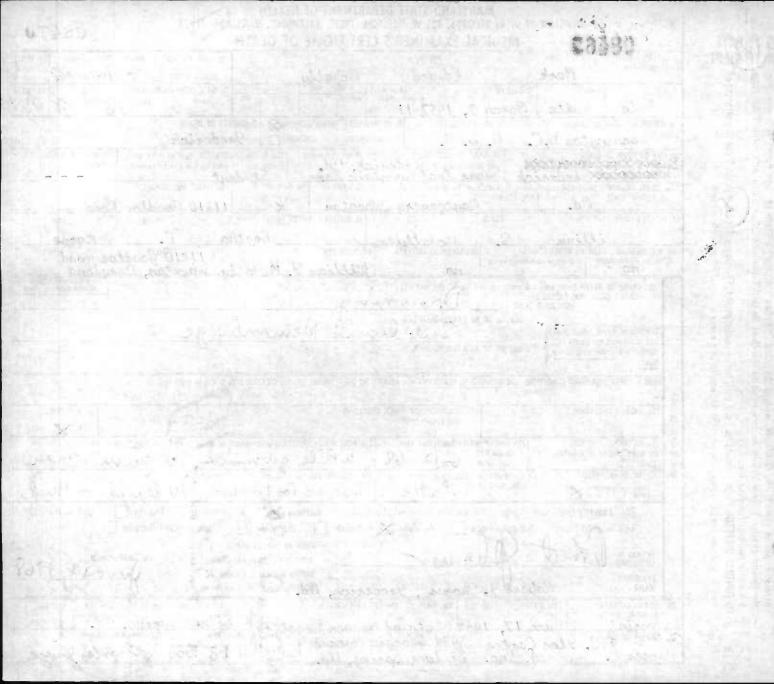
0		0	2400	18
	N	31	1	6 6
V	0	30	0	U

	0.8	463	MEDICA	L EXAMINER'S	CERTIFICATE	OF DEATH				, ,	
	DECEASED-NAME (Type or Print)	First		Middle	Lost		20. DATE KNOWN	Month	Doy	Yeor	2b. HOUR
	(Type of Film)	Mark		Edward	McNally		OF ESTI-	26	12	1968	M
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In year last birthday	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONOUNCE		M		2d. HOUR
	Male	White	March 3	1957 11	YRS.	NOUKS MINE	Month 6	Doy	3 Year	1968	930M
	BIRTHPLACE (Sta		CITIZEN OF WHAT	COUNTRY? 8.	MARRIED NEVER MAR		UNTY OF DEATH	100		58	
cau	Masky Wasky	ington D.C					rederick				Md
8	CITY OR TOWN O	of DEATH Control of Trederic	I'M. ICHWAN	E OF HOSPITAL OR INSTITUTE et oddress) Treder A Loaf Moun n: Residence before 13c.	1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		occupation (Kind of wood working life, even in the continuation of	f retired.)	12b. KIND INDUSTRY	OF BUSIN	NESS OR
	odmissian) STAT		13b. COUNTY			YES NO	13e. SIKEET AND NO	MIDEK			
14	FATUEDIC MANAGE	Ma.	Middle	ontgomeny last	Wheaton		111810 God	dle	Road	-	
14.	FATHER'S NAME	First	middle	Last	1S. MOTHER'S MAIL	The state of the s		iddle	44	Lost	
1/		Villiam	9	McNally	Tiz mroommiz	Bert	ha P		M	orse	
	Yes, no, or unkno	VER IN U.S. ARMED FOR wn) (If yes give war	ar dates of service)	b. SOCIAL SECURITY NO.	17. INFORMANT William	7. McNal	Ly Wheato	goodl	ryla	oad	
		F DEATH (Enter only		far (a), (b), and (c).)						PROXIMATE II VEEN ONSET A	
Н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Drowning										
	910	9100 DUE TO, OR AS A CONSEQUENCE OF O									
		ony, which gave diate cause (a),	(b)	Subdu	ual 18	emoni	rage	-			
	stating the u	nderlying cause	DUE TO, OR AS	A CONSEQUENCE OF			0				
В	last.	,	(c)								
	PART 2. OTHER	SIGNIFICANT CONDITION	ONS CONTRIBUTING	TO DEATH BUT NOT RELAT	TED TO THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART 1(a)			17/8	
No	7278								Tee		
S	190. DATE OF	OPERATION	19	b. CONDITION FOR WHICH WAS PERFORMED?	OPERATION				-	AUTOPSY?	
CERTIFICATION					1					YES	NO 🗌
	21a. EXTERNAL	CAUSE WAS OR CONTRIBUTING [7]	HOUR A.M.	URY Month, Day, Year			ure of injury in Part 1				71.0
MEDICAL	CAUSE OF DEA	.TH	P.M.	6-12 19 68	while		ming at	pica	nie		-91
×	21d. INJURY O		CE OF INJURY (At I	home, form, street,	21f. LOCATION Street	PIT	Citybriown	0 .	County	0	State
		AT WORK		dake	Jugar	11 "	re- Mu	lluc	11-	- W	d.
	22a. I	certify that I too	k charge of the	remains described ab	ave, held an Auto	psy 🔀 🛮 In	spection 🔲, 📙	nquiry 🗀], an	d in my	opinion
	death r	esylted fram:	Natural causes	, Accident	Suicide	Homicide	, Undetermined	manner			
		he A	-(M		CHIE	F MEDICAL EXAMIN	NER				
	SIGNATURE _	14 new	ALL	Divar	M.D. ASSI	STANT MEDICAL EX	AMINER .	22b PATE	SIGNED	0 1	010
	EXAMINER'S	n				UTY MEDICAL EXAM		Ju	ne 1	3	768
	NAME (Type)		bert J. S			RESS(Street, city, to		U		,	
23	a. BURIAL, CREMA REMOVAL (Spe		ATE	23c. NAME OF CEMET	ERY OR CREMATORY	230	d. LOCATION (City or To	ıwn)	(County)	(Sto	ate)
	Burial	Jun	e 17 10	68 Gate of	Heaven Cen	eteru	Silver Sp	ring.	Md.		MH. C
-38	PUNERAL DIRECTOR	TOR Ylon	Carter	8434 George	ia Avenue	25a. RECD BY RE	EGISTRAR 2Sb. F	REGISTRAR'S			
16	arner &	Pumphre	E Pro		nica I'ld	DATE JUN	1 8 1968	yell	arla	, ace	Lak.

VR A15ME (5) 10M REV. 1/68

5 moy be retained for your

TO DEPUTY



STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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Etchison & Son Frederick.

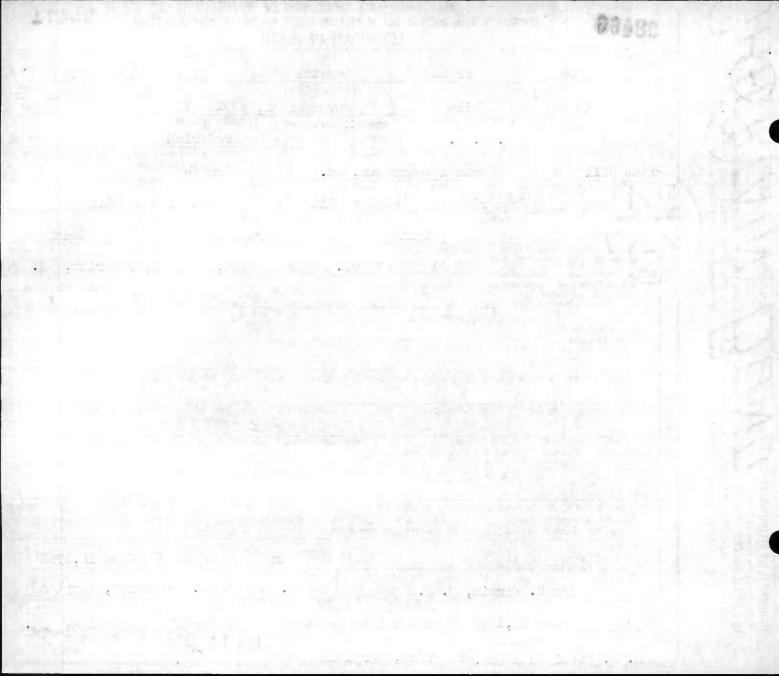
nosm			(ERTIF	CATE OF	DEATH								
1. DECEASED-NAME (Type or print)	First		Middle		Last		2a. [DATE OF D	EATH Month	.Da	, ,	Yenr		HOUR
(Type or pinn)	Zoe	I	rene		Ricket	ts		Ju	me	13	3	1968) 4	P. W
3. SEX		4. RACE			S. DATE OF	BIRTH		- (6. AGE (In	years	IF UNDER		IF UNGER	
	nale	Whi	te	22.	Novem	ber 14	, 189	92	last birthe	YRS.	MONTHS	OAYS	HOURS	MIN.
7a. BIRTHPLACE (Stat	te ar fareign	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIE	D 🔼 NEVER MA	ARRIED	9. COU	NTY OF D	EATH					
Maryland	d	U. S.	A	WIDOWE	D DIV	ORCED 🔲	F3	reder	rick					Md.
10. CITY OR TOWN OF			of Hospital OR INS			12a. US during i	UAL OCCU mast of w HOUS	IPATION (I varking li SEW1.1	Kind af wo Le, even if E	rk dane retired.)		KIND OF JSTRY	BUSINESS	5 OR
13a. USUAL RESIDENC admission) STATE	CE (Where decease	ed lived, if institution:	Residence befare	13c. CITY		13d. INSIDE CITY		13e. STRE	ET AND N	IMBER	+			
				1111			F: .	nout	el.		S U WW.	1	1	
14. FATHER'S NAME	First	Middle	Last		IS. MOTHER'S	_				Middle			Last	
	race		Stull			Law	ra.					Hou	ıck	
16a. WAS DECEASED Yes, na, ar unknav		or or dates of service)	. SOCIAL SECURITY N		. INFORMANT	700				Address	1,147			
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22	0 01 520	06 B	Irs. Ro	ger Lei	nhart	t, Ro	oute	3,Fre	eder:			
	DEATH (Enter and	y ane cause per line fa	r (a), (b), and (c).)		-		1	-	1	-			MATE INTER	
1/12		TE CAUSE (a)	merica	aure	and	nos	elle	olu	-Cel	my	400	00	4	/2 V
4/0	0	DUE TO, OR AS	CONSEQUENCE OF									-		P
	iny, which gave) liate cause (a),	(b)												
	nderlying cause	DUE TO, OR AS A	CONSEQUENCE OF											
last.)	(c)												
PART 2. OTHER	SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED	TO THE TERMIN	IAL DISEASE OF	R CONDITIO	ON GIVEN	IN PART 1	a)				
= 443)	<													
19a. DATE OF OF 21a. ACCIDENT	PERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PER	RFORMED	20a. AU YES				'ES, WERE F OF DEATH?	INDINGS	CONSIDER	ED IN CE	ERTIFYIN	G
	WAS UNDERLYIN			21c.	HOW INJURY O	CCURRED (En	ter nature	af injury	in Part 1	ar Part 2,	Item 18.)		
	NG CAUSE OF OEAT		anth Day Year 19											
While Nat	CCURRED 21e.	PLACE OF INITIRY / AT H	IOME, FARM, STREET, FAC CE BUILDING, ETC.		LOCATION Str	eet ar R.F.D. N	la.	City o	r Tawn		Caunt	ly	9	State
		s haspital) attende	ed the decease	ed from		. 19	60,	to_ /	-12	3 - 19	68	, that	(1) (w	ve) lost
saw th	e deceased a	live on	-11-1	9 6 30	ind that in (i			death ac	curred a	n the d	ate and	haur	and fro	om the
22b. SIGNATURE				•						22c.	DATE SIG	NED		
	Sut	nma	iti-	DE	GREE PHYS.	DING 🔀	MED. DIRECTOR	R	PHYS.	JI	me :	14,1	.968	
22d. PHYSICIAN					22e. Al				-				114	
NAME (Typ	Rex	R. Martin,	M. D.		220	O N. M	arket	t St.	Fre	deri	ck, I	Mary	rlan	d
23a. BURIAL, CREMA	TION, 23b. I	DATE	23c. NAME OF	CEMETERY (OR CREMATORY		23d.	LOCATION	(City ar T	own)	(Caun	ity)	(State	e)
REMOVAL (Spec	ify) Jun	e 17,1968	Mount	Olive	t Ceme	tery	Fi	reder			der		M	d.
24. FUNERAL DIRECT		vull	ADDRESS	Fad	eleg.	2Sa. REC'D	JOY REGIS	STRAB	1968 R	EGISTAR	STENAC	AL S	May	-

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the the total director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers, Pages, I and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, with a 22 hours after death. VR A15 (1) 30M REV. 128

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours

Poge 4 may be retained by the hospital or attending physician.



death: to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages—and should be filed with the State Dept. af Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death the Topera IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour aften Page 4 may be retained by the haspital ar attending physician.

30M REV

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

08472

	ECEASED-NAME	First		Middle		Lost		2o. DATE C				2b. 1	HOUR
(1	iype or print)	Ada		C.		Ritte	r	J	Month June	13°	1968	1 I) • M
3. SE	X		4. RACE	To the same of		S. DATE OF B			6. AGE (In years	IF UND	ER 1 YEAR	IF UNDER	
	Female		1 6	White		Augus	t 18,13	899	last birthday)	YRS. MONTH	SOAYS	HOURS	MIN.
	BIRTHPLACE (Stote		7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIE	D NEVER MA	-	9. COUNTY O			-		
cour	est Virg	rinia	II.	S. A.	WIDOWE		RCED	Frede	erick				Md.
	ITY OR TOWN OF		3.0	11. NAME OF HOSPITAL OR IN	ISTITUTION (I	f not in hospital		AL OCCUPATIO	N (Kind of work de		. KIND OF	BUSINESS	
	ederick			give street address S			during re		glife, even if retire		DUSTRY		
13o.	USUAL RESIDENCE	(Where deceos	ed lived, if i	institution: Residence before			13d. INSIDE CITY		STREET AND NUMBER				
	ission) STATE	1	Frec	lerick	Fred	erick	YES N	0 511	Pearl S				
14. F	FATHER'S NAME	First	Mic	ddle Lost		1S. MOTHER'S M	AIDEN NAME	First	Middl			Lost	
	Geor			Greena		1	Josep			600	Loug	h	
	es, no, or unknown		MED FORCES? war or dates of serv			7. INFORMANT			r • Addres		Fred	eric	k,
	No			517 10		r. Jam	es Und	erwood,	,514 Pear	I St.		Md.	
	1B. CAUSE OF D	EATH (Enter on	ly one duse	per lin (or (a) (b) and (c)	T.)	1 1		-			BETWEEN C	MATE INTER	
	PART 1. DEA	TH WAS CAUSE	ATE CAUSE IN	Marteriose	laro	tie the	and of	vellas	cacul	5	4	mo	
	4100	0		O, OR AS A CONSEQUENCE OF				myse	ardislin	fare &	in	- 602	400
	Conditions, if on)				Rec	A Jailer	3/			9 -18
	rise to immedia stoting the und			O, OR AS A CONSEQUENCE OF					0			7	
	lost.	,,,	(c)		_==							
	PART 2. OTHER S	SIGNIFICANT COI	NDITIONS COL	NTRIBUTING TO DEATH BUT N	OT RELATED	TO THE TERMINA	AL DISEASE OR	CONDITION GIV	/EN IN PART 1(o)				
z	4201												
CERTIFICATION	190. DATE OF OPE	RATION 19b.	CONDITION F	OR WHICH OPERATION WAS P	ERFORMED	20a. AUT	DPSY?		IF YES, WERE FINDIN	IGS CONSIDE	RED IN C	ERTIFYING	3
Ħ						YES [] NO [CAUS	ES OF DEATH?				
S.	21o. ACCIDENT V			TIME OF INJURY		HOW INJURY O	CURRED (Ente	er noture of in	jury in Port 1 or Po	rt 2, item 1	B.)		7.0
MEDICAL	OR CONTRIBUTING				9								
MEI	21d. INJURY OCC	URRED 21e.	PLACE OF IN	JURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		LOCATION Stre	et or R.F.D. No	o. Cit	ty or Town	Сои	inty	2	itote
	of work of w		is hospital	l) ottended the deceas	ed from		. 19	59. ta	6-13-	1968	that	(1) (14)	e) Inst
	saw the	deceased a	live an	616	196 10	ond that in (n	ny) (gur) op	inion death	accurred on th	e dote ar	nd hour	ond fro	m the
	causes	stated abave	e, (I) (we)	(did) (did not) view the	bady ofte	er death.	// (· · / · F						
	22b. SIGNATURE	1		-		ATTEND	ING —	MED -	STAFF	22c. DATE S			
1		Mu	11/2	martin	DI	EGREE PHYS.	2	MED. DIRECTOR	PHYS.	June	14,1	968	
	22d. PHYSICIAN'S NAME (Type					22e. AD			31 D		3.6	-	,
	MAME (14be	' Re	x R. N	Martin, M. D.			U N. M		St. Frede	rick,	Mar	yLar	10
230.	BURIAL, CREMATI	1	DATE			OR CREMATORY		23d. LOCAT	TION (City or Town)		unty)	(Stote	:)
	REMOVAL (Specif	1000	ne 17,	,1968 Mount	Olive	t Cemet			rick	Frede	rick	0.	d
24.	FUNERAL DIRECTO	R	vnal	2 MADDRESS	Fact	eley	2So. REC'D	BY REGISTRAR	ASD REGISTI	ALC SIGNA	HEFT	1000	
	M. F	R. Etch:	ison &	Son, Freder	ick,	Marylan	DATE	JUN 1	0 000				

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MARYLAND STATE DEPARTMENT OF HEALTH

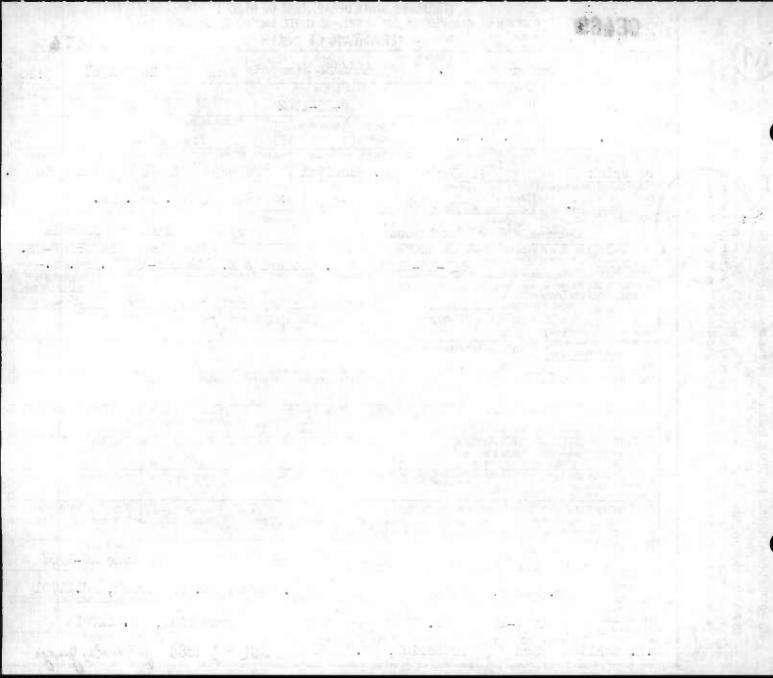
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0.0209			EKIIFICA	IE UF DEAIR			002	
	First	Middle		Last	2a. DATE		ov Year	2b. HOUR
		Randolph			June	10	1968	
						6. AGE (In years last birthday)	MONTHS DAYS	
						53 YRS.		
intry)					9. COUNTY C	OF DEATH		
								1
		give street address)		durina	mast af working	g life, even if retired.)	12b, KIND OF INDUSTRY	BUSINESS OR
		stitutian: Residence befare	13c. CITY OR TO	WN 13d. INSIDE CIT	Y LIMITS? 13e.	STREET AND NUMBER		
lission) STATE M	d. 13b. Cour	Frederick	Freder	ick YES	NO 5	13 Magnoli	a Avenue	
FATHER'S NAME Firs	st Mide			OTHER'S MAIDEN NAMI	First	Middle		Lost
R	oy C	. Schildkn	echt		A.	Sophia	Ben	tz
J. WAS DECEASED EVER IN			O. 17. INFO	RMANT		Address	DOY 1968 TS IF UNDER 1 YEAR IF UNDER 24 HRS. WONTH'S DAY'S HOURS MIN. MAD I 12b. KIND OF BUSINESS OR INDUSTRY ER Lia Avenue dle Lost Bentz Tess Frederick—Md. 3 Magnolia Ave. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INGS CONSIDERED IN CERTIFYING art 2, Item 18.) Caunty State 1. Caunty State 2. DATE SIGNED June 11–1968 derick—Md. 21701 (Caunty) (Stote) (d. 21701	
NO		- 214- 10-	1612 Mr	s. Wm. R.	Schildk	necht-513	Magnolia	Ave.
		per line far (a), (b), and (c).)	4				APPROXII BETWEEN O	NATE INTERVAL NSET AND DEATH
PART I. DEATH WA		Corman	1 /h	rombosis				11/2
4100			0					
	ch gove)	KL I	miler					
		OR AS A CONSEQUENCE OF						
last.	g (c)						- 1455	
PART 2. OTHER SIGNIFI	CANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO TH	IE TERMINAL DISEASE C	R CONDITION GIV	/EN IN PART 1(a)		
4201								
19a. DATE OF OPERATION	1 19b. CONDITION FO	R WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?			CONSIDERED IN CE	RTIFYING
				YES NO	CAUS	ES OF DEATH?		
			21c. HOW			jury in Part 1 or Part 2,	, Item 18.)	
OR CONTRIBUTING CA								
	21e PLACE OF INII		DRY.) 21f. LOCAT	ION Street or R.F.D.	No. Ci	ty or Town	County	State
	7 1	COTTICE BUILDING, ETC.						
at work Not while	J -		1					
While Not while at work 220. I certify that	(I) (this hospital)	gttended the deceose	d from	1966,19	, to	, 19	9.68, that	(I) (we) I
22o. I certify that	(I) (th is hospital)	May 20 1	6 Sond th	nat in (my) (aur) o	, to pinion death	accurred on the d	9 <u>68</u> , thot ate and hour	OF BUSINESS OR OF BUSINESS OR LOST ENTER LOST LOST
22o. I certify that saw the dece couses stated	(I) (th is hospital)	attended the deceose hay 20 19 did) (did not) view the b	6 Sond th	nat in (my) (aur) o	, to pinion death	accurred on the d	ate and hour	(I) (we) I and from I
22o. I certify that	(I) (th is hospital)	May 20 1	ody after dea	nat in (my) (aur) o th.	pinion death	accurred on the d	ate and hour	and from t
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22o. I certify that saw the dece couses stated 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	t (I) (this hospital) cased alive an d above, (I) (we) (I) Dr. A.A. P 23b. DATE Tune 13-	earre—Jr. 23c. NAME OF C. 1968 Mt. Oli	DEGREE DEGREE EMETERY OR CRE	ATTENDING PHYS. 22e. ADDRESS 804 Toll MATORY	MED. DIRECTOR House 23d. LOCAL Fred	STAFF 22c. PHYS. Jul AveFrede: TION (City ar Town) erick, Md.	DATE SIGNED ne 11-19 rick-Md. (Caunty)	and from t 68 21701
CENTIFICATION CONTRACTOR OF THE PROPERTY OF TH	DECEASED-NAME (Type or print) SEX Male BIRTHPLACE (Stote or for print) Md. CITY OR TOWN OF DEATH Frederick O. USUAL RESIDENCE (Whe mission) STATE M TATHER'S NAME FIRST Ga. WAS DECEASED EVER IN Yes, no, ar unknown) 18. CAUSE OF DEATH PART 1. DEATH W. L. CAUSE OF DEATH PART 1. DEATH W. L. CONTRIBUTING OF CAUSE 19a. DATE OF OPERATION The contributing of the contribution of the contributing of the contribution of the contributing of the contributing of the contribution o	DECEASED-NAME (Type or print) SEX Male BIRTHPLACE (Stote or foreign Job. CITIZEN Country) Md. CITY OR TOWN OF DEATH Frederick O. USUAL RESIDENCE (Where deceased lived, if in 13b. COUNTSISSION) STATE Md. TATHER'S NAME First Midd. Roy Co. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause part of the part in 15 the p	DECEASED-NAME (Type or print) SEX A. RACE Male BIRTHPLACE (Stote or foreign Jountry) Md. CITY OR TOWN OF DEATH Frederick O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before libb. COUNTY Frederick O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before libb. COUNTY Frederick O. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) IN. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER 19a. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	DECEASED-NAME (Type or print) William Randolph Schild SEX 4. RACE 5. White BIRTHPLACE (Stote or foreign Job. CITIZEN OF WHAT COUNTRY? Md. U. S. A. WIDOWED 11. NAME OF HOSPITAL OR INSTITUTION (If not ir give street address) 513 Magnolia Avenue 12. CITY OR TOWN OF DEATH Frederick O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE Md. 13b. COUNTY Frederick To Schildknecht Soa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Stoting the underlying couse (b). Stoting the underlying couse (c). Stoting the underlying couse (c). FART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH HOUR A.M. Manth Day Year 19c. Manuel Cause of Death HOUR A.M. Manth Day Year 19c. Manuel Cause of Death HOUR A.M. Manth Day Year 19c. Manuel Cause of Death HOUR A.M. Manth Day Year 19c. Manuel Cause of Death HOUR A.M. Manth Day Year 19c. Manuel Cause of Death HOUR A.M. Manth Day Year 19c. 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COUNTY Frederick O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before Its. COUNTY Frederick FATHER'S NAME First Middle LOST WIDOWED DIVORCED 120. US during Off Frederick Fred	DECEASED-NAME (Type or print) William Randolph Schildknecht June SEX 4. RACE White July 31— 1914. BIRTHPLACE (Stote or foreign Md. U. S. A. CITY OR TOWN OF DEATH Frederick O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before mission) STATE Md. FIRST Middle White July 31— 1914. S. MARRIED NEVER MARRIED PRESIDENCE (Where deceased lived, if institution: Residence before mission) STATE Md. Frederick So. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gove rise to immediate cause (a), stating the underlying couse (b). To the part of the print of the part of the country of the cou	DECEASED-NAME (Type or print) William Randolph Schildknecht William Randolph Schildknecht June Month June 10 SEX 4. RACE White S. DATE OF BIRTH July 31—1914 6. AGE (In years lost of foreign lost) White White White S. DATE OF BIRTH July 31—1914 7. COUNTY OF DEATH July 31—1914 9. COUNTY OF DEATH Frederick July 31—1914 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol) Give street oddress) JUN S. A. WIDOWED DIVORCED Frederick JULY OR TOWN JOURNED JOURNE	DECEASED-NAME (Type or print) William Randolph Schildknecht S. DATE OF BIRTH Walliam Randolph Schildknecht White S. DATE OF BIRTH S.



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , per telep. conver. CERTIFICATE OF DEATH 0.8474 2b. HOUR p 1. DECEASED-NAME Middle 2o. DATE OF DEATH First death. puo Simhons/Simmonds Manth 28 (Type or print) Arthur Day 1 96801 June :20 M 3. SFX 4. RACE S DATE OF BIRTH 6. AGE (In veors IF LINDER 1 YEAR IF HNDER 24 HRS. 24 hours after last birthday) HOURS White 9-22-1902 Male papers. Page hin 72 hours a 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State ar fareign 8. MARRIED THE NEVER MARRIED country) ond completely filled in U. S. A. Frederick WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR uted Within give street address)
Frederick during most of working life, even if retired.) LINDUSTRY corbon event, wit Frederick Mem. Hospital 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY 135 W. 3rd. St. Frederick YES X pleose remove Frederick requires that the death certificate be exed any 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Last Simmonds Snovell and in George Marv Ellen Simmond Address 17 INFORMANT Frederick-Md. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) (If yes give war ar dates of service) Simbohs-135 W.3rd.St.-Mrs. Catherine E. removal, 213-18-8168A ottending phys APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit. 0 Congestive heart cremotion, DUE TO, OR AS A CONSEQUENCE OF signed by the buriol-tronsit p Canditions, if ony, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) the prior to 4200 has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES KX NO [this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) ottended the deceased fram___ 1955, ta 28, 1968, that (I) (we) last saw the deceased alive on 6 18 1968, and that in (my) (our) opinion death occurred on the date and hour and from the be retained causes stoted obove, (1) (we) (did) (did not) view the bady ofter death. 3 shot 22b. SIGNATUR€ 22c. DATE SIGNED ATTENDING MED. DIRECTOR June 28-1968 DEGREE director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 220 N. Market St. Frederick, Md.21701 Dr. Rex R. Martin 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE (Caunty) (Stote) REMOVAL (Specify) Mt. Olivet Cemetery Frederick, Md. 21701 July 2-1968 24. FUNERAL DIRECTOR Elwood ADDRESS Whitmore 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 Ochonles M.R. Etchison & Son Frederick, Md.21701 1968 30M REV.



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FOR STATE HEALTH DEPT.

any delay is 2, and 3 ta PM3, Page necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, the funeral director. Page 4 should be farwarded to the Chief Medical Examiper's Office along with form 5 may be retained far your files.

This certificate shauld be executed within 24 hours after death

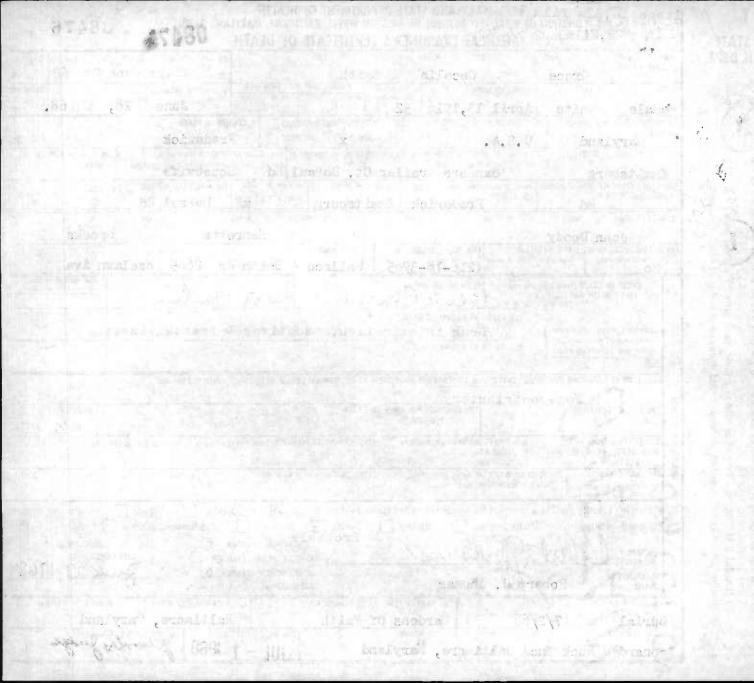
DICAL EXAMINER:

TO DEPUTY

TH DEPT.		EASED-NAME Fire	it	Middle		- 1	ast		E KNOWN Mo	onth Day	Year 2b. HOUR
of of	(1)	pe or Print) Grace		Cecelia	S	mith		DEA	TH MATED TO J	une 28	168 M
rag	3. SEX	4. RACE	S. DATE OF BIR	TH 6.	AGE (In years	IF UNDER 1	YEAR IF UNDER 2	HRS. 2c. DAT	E PRONOUNCED DEA		2d. HOUR
2 5	Fer	male White	April :	13,1916	52 YR		DATS HOURS	Mo. Mo	June Day	28, Yeor	9 68. M
e Ge		RTHPLACE (Stote or foreign	7b. CITIZEN OF WH	AT COUNTRY?	8. M	ARRIED NEV	ER MARRIED	9. COUNTY OF	DEATH		
	tountr	Maryland	U.S.A.		WI	DOWED 1	DIVORCED 🗌	Fred	erick		Mc
3	10. CIT	Y OR TOWN OF DEATH	11. N	AME OF HOSPITAL O	R INSTITUTIO	ON (If not in h	spital 12a. US	UAL OCCUPATION	N (Kind of work do	ne 12b. KIND	OF BUSINESS OR
≥ ≥ ∧∧	Er	nmitsburg	Sai	nders Tra	iler	Ct. De	Paul Rd	most of warkin	g life, even if retire	d.) INDUSTRY	
with the leath.	13a. L	ISUAL RESIDENCE (Where deced	sed lived, if institu	ition: Residence be	fore 13c. CIT	Y OR TOWN	13d. INSIDE CITY LI		REET AND NUMBER		
	adr	nission) STATE Md	13b. COUNTY	Frederick	Emn	i tsbur	YES N	D x	ePaul Rd		
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W		John Doody	1001-01				H	enre tta		Brook	83
eg no	160. W	AS DECEASED EVER IN U.S. ARMED		16b. SOCIAL SECURI		17. INFORMAN			ADDRESS	215	
	1	(If yes giv	e war or dates of service)	216-18-3	3965	Walla	ce F Smi	th Jr	2605 Rose		
iii iii		18. CAUSE OF DEATH (Enter of	nly ane cause per li	ne far (a), (b), and	(4))	A- "	11	. 0	0		ROXIMATE INTERVAL EN ONSET AND DEATH
urmi with		PART I. DEATH WAS CAUS	ED BY: IATE CAUSE (g)	i cute	Con	rester	e Hea	it ta	ilure		
t pe		9503	DUE TO, OR	AS A CONSEQUENCE	OF *	*		-		0.24	
niet ansi eve		Conditions, if ony, which gave rise to immediate cause (a),	(b) I	rug into	oxica	tion,	sedativ	es & ti	canquili:	zers	
any		stoting the underlying cause	DUE TO, OR	AS A CONSEQUENCE	OF						
in (last.) (c)								
a b a b	F	ART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OR C	ONDITION GIVEN	IN PART 1(a)		
al, a	N.		contribu								
used	CATIC	190. DATE OF OPERATION		19b. CONDITION FO WAS PERFORA		PERATION					AUTOPSY?
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a blu	E CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		INJURY Month, Doy, M.	Year	21c. HOW INJU	IRY OCCURRED (Ent	er nature af inj	ury in Part 1 or Part	2, Item 18.)	
shoul files. 3 shou nation	000	CAUSE OF DEATH	P.	M.	19			9			
Page 4 should be tarwarded to the Chief Medical Exa ar yaur files. R:Page 3 should be used as a burial-transit permit. File al, cremation, ar remaval, and in any event within 72	W		PLACE OF INJURY (et,	21f. LOCATION	Street or R.F.D. No.	Ci	ty ar Town	County	State
yau Pag		AT WORK AT WORK			100						
far far rial,		22o. I certify that I	took chorge of t	he remoins desc	ribed obo	ve, held an	Autopsy 🔀,	Inspection	n [], Inquiry	/ 🔲 , ond	I in my opinion
ctor pred ECT bu		deoth resulted from:	Noturol cou	es 🔲, Accid	dent,	Suicide [Homicide		determined mon	ner 🗌	
DEN TO		ACTUAL 1/8/ 11	4-06/	. 01	,	Prob	CHIEF MEDICAL E	XAMINER [
AL AL		SIGNATURE USPU	XIII	vollas		M.D	ASSISTANT MEDI			DATE SIGNED	0 19/0
h KEN		EXAMINER'S	bert J.	Thomas			DEPUTY MEDICAL			June 2	19,1968
TE Early Ear	Health prior to buried, cremation, or removal, and in any event within 72 hours office death within 73 hours office death within 74 hours of 230° BRIE BRIE BRIE BRIE BRIE BRIE BRIE BRIE						ADDRESS(Street,			0	
= 20 E	230.		. DATE			Y OR CREMATE			ON (City or Town)	(Caunty)	(State)
of			/2/68			f Faith			timore, M		
VR A15ME (5)		UNERAL DIRECTOR	Sun Dall	114	DRESS	nd		BY REGISTRAR	25b. REGISTR	AR'S SIGNATURE	ye
10M REV. 1/68	re	onard J Ruck :	inc Balt	imore, M	агута	ICI	DATE	-1 10	00	-	0

tems 18,22a film 403 MARYLAND STATE DEPARTMENT OF HEALTH
20-68 ht DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND
Ttem#2a, FilmG402 7MEDICAT EXAMINER'S CERTIFICATE OF DEATH

38476



after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
m#lb,d,FilmG402 7/11/68km CERTIFICATE OF DEATH

TOGINATO OF TIMOTOS (/TT/00)	KI OFKILLIONI	L OF DEATH		00.888
PLACE OF DEATH a. COUNTY				tution: Residence before admission)
Frederick	MARYLAND	a. STATE Mar	yland b. count	Frederick
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Fred UNIONY/1/16	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If		RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	ospital, give street address)	d. STREET ADDRESS		8. IS RESIDENCE ON A FARM?
124 W. 5th Street			W. 5th Street	YES NO 🔀
3. NAME OF First DECEASED (Type or print) CHARLES	WINFORD	SOPER	4. DATE Month June	29, 19 68
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED	NT MEACH INVINIED	2-29-1895	9. AGE (In years IF last birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
Ret. Brush Co. Employee N	IND OF BUSINESS OR NDUSTRY	May 227 C 75	new Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAID	EN NAME	
Agustus Soper		Mamie St	ewart	
	SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No213	3-24-8643 Mrs	. Mamie S.	Soper 124 W. 5t	h St. Fred. Md.
18. CAUSE OF DEATH [Enter only one cause per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last. (c)	arteria	rlera		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED 20a. ACCIDENT WAS UNDERLYING 20b. D OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Part II of I	tem 18.)
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour a.m. While p.m. 19 at work	Not While factor	CE OF INJURY (Home, fary, street, office bldg., et		(County) (State)
21. I certify that (I) (this hospital attende saw the deceased alive on 6/2		death occurred at/		, 1948, that (I) (we last and on the date stated above.
22a. SIGNATUREM, E. Rober	Tion M.D.	PHYS.	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 4/29/49
22c. PHYSICIAN'S NAME (Type) Dr. M. E. Rober		22d. ADDRESS	Windra	mil
Buriol 23a. Burial, cremation, 23b. Date thereof 25b. Date 25	St. Pauls Ce	metery		s, Fred. Co. Md.
Robert E. Dailey & Son	ADDRESS Frederick, Mar		3 1968 CLA	

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38480 CERTIFICATE OF DEATH DECEASED-NAME Last 2a. DATE OF DEATH First Middle 2b. HOUR eath. law requires that the death certificate be executed within 24 haurs after death pud (Type ar print) Morris Allen Wastler. 1968 June 3. SEX A RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthday) MONTHS HOURS Male White 7-25-1902 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Fredk. Co. Md attending physician and completely filled in permit. Then please remaye Adrban papers. U.S.A DIVORCED WIDOWED Frederick. within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life even if retired) If Plasterer - Carpenter INDUSTRY Self Thurmont -Home and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO Frederic Walnut St 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Walter Wastler Nora Six C. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) ar remaval, 213-12-7173 Mrs Carrie E. Wastler Thurmont. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) permit. ALCENEBOUR DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove) cremati burial-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been se as the the prior to the be retained by the haspital ar attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? use as CAUSES OF DEATH? YES [7] NO III

O FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) far OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) e P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town While Nat while at work at work 22a. I certify that (1) (this haspital) attended the deceased fram_ and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED DEGREE PHYS filed DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) George L. Morningstab S. Seton Ave Emmitsburg director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION BAGY PROTE 6-19-1968 Blue Ridge Cemetery Thurmont.Fredk.Co. CreageressThurmont. Me RECD BY REGISTRAR Raymond E.

VR A15 (4) 30M REV. 1/68

TENDING

(County)

County

State

(State)

2Sb. REGISTRAR'S SIGNATURE

JUN 19 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08481 CERTIFICATE OF DEATH DECEASED-NAME Middle First Weaver 2o. DATE OF DEATH 2b. HOUR (Type or print) Merval 1988 June DM KXXXXXXXXXXXX 3. SFX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White Male last birthday) MONTHS HOURS Sept. 27, 1899 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Pennsylvania Frederick. U.S.A. WIDOWED | DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) ederick Mem. Hosp. INDUSTRY Frederick 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS?

910 Pontiac Avenue Frederick Maryland Frederick 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle Edith Jane Hunter Frank Weaver 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Fred. Yes no, or unknown) Mrs. Goldie C. Weaver 910 Pontiac Ave. 220-34-2253 18. CAUSE OF DEATH (Enter only one couse per line for (6), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o)

YES .

NO 🗌

Stote

Conditions, if ony, which gove) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART 1(a)

13b. COUNTY

DUE TO, OR AS A CONSEQUENCE OF

20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES T NO 🗆

21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor

(If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County

While Not while of work 22a. I certify that (1) (this haspital) attended the deceased fram Set 16, 1953, to Tem 8, 1968, that (1) (we) last saw the deceased glive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the

causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR

PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) M.D. (County)

23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION BEMOVAL (Specify) Sunnyburn, York, Pennsylvania 6-11-1968 Pine Grove Cemetery

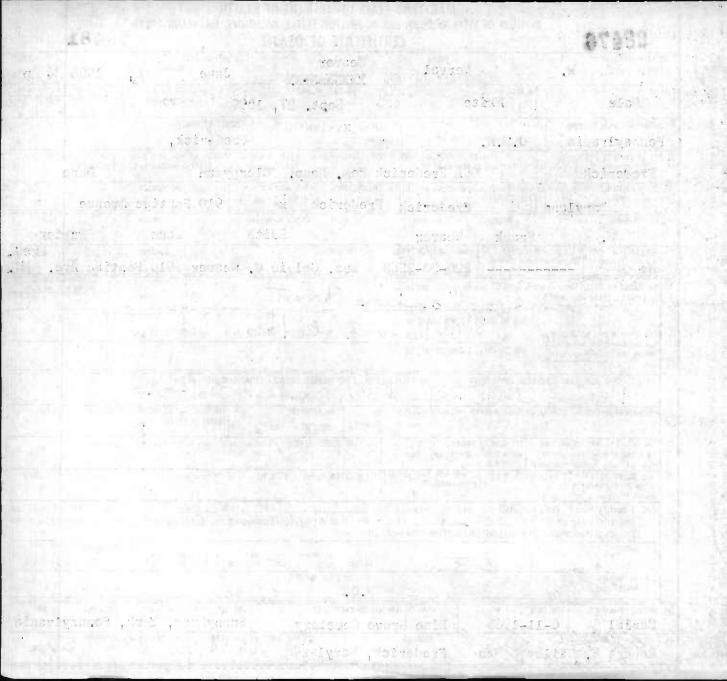
24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR Frederick, Maryland ALE

requires that the death certificate be executed within 24 hours after death. physicion and complet event pleose remove and in ony removol signed by the as the hos been TO FUNERAL DIRECTOR: After this certificate detached director, page 3 should should be filed with the

and 2

filled in by the funeral

VR A15 (4) 30M REV, 1/68



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Ī	. DECEASED-NAME (Type or print)	First	Middle	7.71.	Last	20.	June Manth	E Dov	10%	2b. HOUR 12:45
L	(Type at pinny	John	Peter		ite		June	3,007	1900	12:40
3	Male		4. RACE White	S.	DATE OF BIRTH February	22,	1873 6. AGE (In last 995	yeors day) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
7	o. BIRTHPLACE (State	e or foreign 7	0.0.7.	WIDOWED			ounty of DEATH Frederick,			Mc
	o. city or town of Near Buck	reystown	11. NAME OF HOSPITAL OR IN	Rt.# 9	durin	Retii	CUPATION (Kind of w		12b. KIND OF INDUSTRY	None None
	3a. USUAL RESIDENC Idmission) STATE	E (Where deceased Maryland	lived, if institution: Residence before 13b. COUNTY Frederick	13c. CITY OR TO	OWN 13d. INSIDE	NO 🔀	Route #	9 Fr	eder ic k	(
I	4. FATHER'S NAME		Middle Last Thite		Mother's maiden na Mary	Pe	earl	Middle		Last
	160. WAS DECEASED Yes no, or unknow	EVER IN U.S. ARMEI	or dates of service) 218–24–8	NO. 17. INF	ormant s. Exie D	. Whi	ite Rt.# 9	Address Fred		
	18. CAUSE OF	DEATH (Enter only ATH WAS CAUSED	one cause per line for (a), (b), and (c)	1) , 07	X TEST	Tirk.		19.4		MATE INTERVAL INSET AND DEATH
	Conditions, if on the conditions of the conditio	IMMEDIATE ny, which gave iate cause (a), derlying cause	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF		<u>X</u>					3 yrs
	794V	SIGNIFICANT COND	CANCLE FACE	NOT RELATED TO 1		ORCONDIT	TION GIVEN IN PART 1	(0)		
	19a. DATE OF OP	ERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PI		20a. AUTOPSY?	ON [X]	20b. IF YES, WERE CAUSES OF DEATH?		INSIDERED IN CE	RTIFYING
	₹ □ OR CONTRIBUTIN	WAS UNDERLYING IG CAUSE OF DEATH y medical examine	HOUR A.M. Month Day Year		V INJURY OCCURRED	(Enter natu	ore of injury in Part I	or Port 2, It	tem 18.)	
1	While Nat	work	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				City ar Town		County	Stote
	saw th	e deceased aliv	haspital) attended the decease we an	1967, and	that in (my) (aur	19 <u>53</u>) apinian	, ta <u> </u>	, 19_ an the dat	te and haur	(I) (we) las and fram the
	22b. SIGNATURE	F412	martin	DEGREE			OR STAFF PHYS.	□ 6 -	•5→1968	
	N	e) Dr. Re:	x R. Martin	M.D			arket Str			
	BUILD AL CREMA	ify) 6-	7-1968 / Mount	Olivet	Cemetery	F	d. LOCATION (City or I rederick,	Fred		
1	Rober t	6. 65116	Freder Freder	s cick, Ma	ryland DATE	JUN REC	15TBAR 1968 F	HEGISTRAR'S	SIGNATURE JA	egge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. As shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haus. VR A15 40 30M REV. 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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O FUNERAL DIRECTOR: After this certificate has been be retained by the haspital ar directar, page shauld be filed

22d. PHYSICIAN'S Elmer J. Harp NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE BUT THE (Specify) 6-23-68

DEGREE PHYS 22e. ADDRESS DIRECTOR

Rocky Ridge

(County)

Middletown, Md

23d. LOCATION (City or Town)

Mt. Tabor Cemetery 24 FUNERAL DIRECTOR Raymond E. Creager ArThurmont. Md.

25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR

Co.Md Fred

(Stote)

30M REV. 1/68

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